It's My Turn Now

the choice of older women to live alone

Veronica Doyle, PhD

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TABLE OF CONTENTS

I. INTRODUCTION 1

II. LITERATURE REVIEW 1

A. Demographic Data 1

B. Determinants of Living Arrangements 3

C. Summary 10

III. METHODOLOGY 10

A. Choice of Methodologies 10

B. Research Design 12

C. Researchers 12

D. Procedures 15

E. Instrumentation 20

F. Analysis 22

IV. RESULTS 23

A. Main Questionnaire 23

B. Family Member Questionnaire 52

C. Reinterview Questionnaire 62

D. Researcher Questionnaire 68

V. CONCLUSIONS 71

A. Summary 71

B. Recommendations 74

REFERENCES 76

LIST OF TABLES

Table 1: Sociodemographic Characteristics of Research Assistants 13

Table 2: Sociodemographic Characteristics of Sample 23

Table 3: Housing Arrangements of Respondents 27

Table 4: Objective and Subjective Social Integration of Respondents 29

Table 5: ANOVA Significance of Wellbeing Scores by Selected Variables 33

Table 6: Mean scores for Positive and Negative Affect by Self-Reported Health Status 34

Table 7: Mean Levels of Positive Affect and Negative Affect by Number of Groups Belonged To 35

Table 8: Mean scores for Positive and Negative Affect by Perceived Degree of Choice in Living Alone 36

Table 9: Factors Liked about Living Alone 38

Table 10: Frequency Distribution and Mean Responses to Problems Question 41

Table 11: Factor Loadings of Problems Question 43

Table 12: Frequency and Percent of Responses to Seniors' Housing Options 45

Table 13: Mean Response to Scale Items on Attitudes to Living Alone 47

Table 14: Factor Analysis of Items on Attitudes to Living Alone 50

Table 15: Sociodemographic Characteristics of Family/Friend Respondents 52

Table 16: Family Member/Friend's Opinion of Main Respondent's Situation 54

Table 17: Family Member/Friend's Assessment of Main Respondent's Degree of Social Support 56

Table 18: Family Member/Friend's Perceived Options in Case of the Disability of the Main Respondent 58

Table 19: Reciprocity of Relationships between Main Respondents and Family Member/Friend 60

Table 20: Means for Positive Affect and Negative Affect for Reinterview Questionnaire, by Source 64

Table 21: Means for Positive Affect and Negative Affect for Reinterview Questionnaire, by Degree of Perceived Choice in Living Alone 65

I. INTRODUCTION

This report details a study undertaken in Vancouver during 1990 and 1991 with funding from Health and Welfare Canada under the Seniors' Independence Program, jointly sponsored by the Vancouver Health Department and the Gerontology Research Centre at Simon Fraser University.

The ***first objective*** of the research was to examine a sociological phenomenon, i.e. the increasing frequency of older women living alone, with a view to determining the predictors of wellbeing among those involved and to understanding the experience of older women in living alone. The study employed a well-proven quantitative methodology: a review of the literature was followed by development and piloting of a questionnaire; interviewers were recruited and trained; a sample of 174 elderly women was randomly drawn, interviewed and, after a followup activity, reinterviewed; the data were tabulated, analyzed for statistical significance, and discussed at length; reports were written and presented at conferences.

The ***second objective*** of the study was to include the perspective of younger family members or friends on the living arrangement of older women. To this end, telephone interviews were carried out with 69 friends or family members recruited during the course of the original interviews.

An unusual, though not unprecedented, component of this study was the employment of elderly researchers to carry out the survey interviews and most of the other tasks usually undertaken by research assistants in an academic research project. A ***third objective*** of the project as a whole was to work with this group of older women, through the medium of a research project, to help them develop confidence and knowledge to articulate seniors' housing concerns from a user's perspective. This involvement of older researchers introduced a participatory component to the methodology which will be discussed in conjunction with the more conventional survey activities throughout the report.

This paper reports the findings of the study. Chapter II reviews the literature on older women living alone. Chapter III discusses the research design and methodology, including a description of the researchers, the recruitment and training process, and their function in the project. Chapter IV sets out the data collected and, in addition, recounts the personal experiences reported by the older researchers. Discussion and conclusions are contained in Chapter V.

II. LITERATURE REVIEW

A. Demographic Data

Demographers report a tendency in industrialized countries for people not engaged in family-building to live by themselves, a phenomenon referred to by one author as "the rise of the primary individual", i.e. of the individual rather than some form of the family as the fundamental unit of society (Kobrin, 1976b).

Among elderly people this tendency is particularly acute. In the census of 1991, 818,105 Canadians (25.8%) aged 65 and older reported that they lived alone. Of these, by far the majority -- 628,220 -- were women. In percentage terms 14.2% of men and 34.2% of women lived by themselves. The imbalance of proportions by gender has the result that the group of older Canadians who live alone is 76.8% female (Statistics Canada 1992, Statistics Canada 1992a).

The tendency to live alone is extending to late old age, particularly for women. The proportion of women aged 75 and over living alone rose from 25.7% in 1971 to over 39% in 1991 (Priest, 1994). The General Social Survey of 1985 reported that nearly one fifth of its respondents aged 80-98 lived alone (Stone, 1988).

Both the rising proportion of elderly people who live alone, and their rising age, are primarily the result of increasing longevity which, although less for men than for women, is occurring for both sexes. The effects of this increase are that a) both members of a couple survive longer together, b) widowhood generally occurs at a later age, and c) widowhood lasts longer.

Demographically speaking, women predominate among those who live alone in later life because they are more likely to be "unattached" in later life. That is, they are less likely than men to be part of a nuclear family group, which is normally constituted by a couple in old age. This occurs for two reasons: women tend to outlive their spouses, and they are less likely to remarry when widowed.

The "longevity gap" between males and females has been increasing since at least 1931, the first year for which reliable statistics are available. In that year, the gap was about two years (62.1 years for women vs. 60.0 years for men), whereas by 1985 it was seven years (79.0 years vs. 71.9 years) (Gee and Kimball, 1987). This differential in life expectancy, combined with the fact that women on the whole marry men 2.5 years older than themselves (Romaniuc, 1984), means that the average Canadian wife can expect to outlive her spouse by about 10 years.

When widowed, women are much more likely than men to remain unattached. Canadian widowers of all ages are 4.5 times more likely to remarry than their female counterparts, but widowed men over 70 are nine times more likely to marry again than widowed men of the same age (Gee and Kimball, 1987). Living alone is therefore more likely to be, and to be perceived as, a long-term lifestyle for elderly women than for elderly men.

The strength of the trend of older people living alone cannot be explained entirely in terms of demographic factors, however. While there have always been a certain number of older, unattached people, they have in the past lived with others in much greater proportions than they do today. The change in numbers living alone is the result *both* of greater numbers of unattached elderly people *and* of the fact that the characteristic living arrangement of these people has shifted. Unattached elderly people are increasingly living by themselves rather than living with others or in institutions (Priest, 1994).

While 26% of older women (75+) lived with others (usually their children) in 1971, that proportion had fallen to 12.5% by 1991. The proportion living in institutions rose from 13.8% to 18.7% in the decade 1971-81 but has since stabilized, probably because of more readily available home care and more limitations on access to institutions (Priest, 1994).

The shift in living arrangements shown by elderly Canadians appears to contain elements of preference and choice beyond simple demographic factors. The living arrangements one makes at any age are a product of one's individual history and circumstances. However, the literature identifies many broader considerations which it is convenient to classify as a) sociodemographic variables, b) constraints, and c)

norms and preferences (Wister, 1986). This review will examine current literature about the phenomenon of elderly women increasingly living alone, with a view to understanding the factors behind this choice of living arrangement, and indeed the extent to which it can be considered a choice at all.

B. Determinants of Living Arrangements

First, why is it important to know more about this phenomenon? The choice of elderly women to live alone is of interest to gerontologists and policy-makers for several reasons. Beyond the obvious interest to those wishing to understand elderly people and the experience of aging, there are practical implications to be considered in forecasting the future demand for housing and support services of various kinds. If the factors behind this phenomenon can be better understood, it will be possible to forecast more accurately the demand for small units, for subsidized housing, for renovations directed toward sharing of single-family homes, for various neighbourhood and transportation amenities, for housing with support components, for home services and for institutional care.

The fundamental issue here, from the perspective both of society as a whole and of the individual considering his or her own living arrangements is, what is the relationship between household composition and the need for formal and informal support services? Although concerns about the well-being of old people who live alone are frequently framed in terms of their isolation (Cowgill, 1974; Lawton 1980a; Lawton et al. 1984), research has generally shown that levels of social contact, especially with adult children, do not differ substantially by living arrangement (Shanas, 1968; Soldo and Brotman, 1981).

Stone (1988) examined the "primary potential support groups", i.e. the network of friends and relatives who share a "sense of obligation to give help and the expectation of the availability of help (p. 14)" of Canadians of all ages. He reports that even among respondents 80-98 living alone, over 50% had active potential support groups of family and close friends. He notes, however, that after age 80 "the propensity to be in a situation where one has relatively few active ties with close friends and relatives went up sharply (: 30)."

Research suggests that it is particularly the availability of assistance when needed which is of concern. Stone and Fletcher (1987) reiterate the conclusions of many other researchers: high levels of institutional residence among the very old are related not so much to inability to care for oneself as to the loss of the natural support systems constituted by contemporary friends and kin, particularly of the spouse.

Research on the determinants of living arrangements of older people, then, arises primarily from the tenet, well grounded in research, that those who lack the supports of co-residence are more likely at some point in their lives to need external assistance or to be institutionalized. Since this consequence is patent to most older people (Gnaedinger, 1986), the question remains, what factors influence the living arrangement choices of older people? In particular, why do so many elderly choose to live alone?

1. Sociodemographic Factors

Usually these questions have been dealt with in sociodemographic terms. For instance, Kobrin (1976a) showed that the declining numbers of "daughters" in the next generation may have left many older women of the current generation with no alternative to separate living after their husbands have died. This is related to fertility: the current older-elderly cohort produced the very small "baby bust" generation of the 1930's, and over 20% of the women had no children at all (Romaniuc 1984). However, Kobrin (1976a, 1981) argues that in fact people of all ages are increasingly living alone:

> the young old and the old old, who have outlived the family cycle, make living arrangements choices in terms of family vs. independence in much the same way as do younger persons who are similarly outside a nuclear family (: 375).

This contention appears to be supported by Canadian examples: of people living alone in Canada in 1986, one fifth (predominantly men) were in the age group 25-34 and another one fifth (overwhelmingly widows) were 65-74. The 45-54 age bracket, by contrast, constitutes less than 10% of those who live alone (Statistics Canada, 1987b).

Kobrin's (1981) research has also established that with marital status controlled, the household choices of men and women are much the same. However, when marital status is taken into account, there are two notable differences between the sexes: first, never-married women (but not men) are about 20% *less* likely than their widowed counterparts to live alone (see also Lawton 1981); second, men living alone are most likely to be single, women to be widowed (Statistics Canada 1987b). In other words, there is very often a difference in long-term lifestyle between men and women who live alone.

In the end, attempts to disentangle the effects of age, marital status and gender are probably academic: virtually all the research and all the statistics demonstrate that old, widowed women have, for whatever reason, by far the highest probability of living alone or eventually in institutions.

2. Constraints

Another set of explanations for the increasing incidence of living alone is **constraints on choice** (Wister 1985b). This includes economic constraints, health, informal support, family characteristics, and domestic competence. For convenience, these will be grouped as: economic constraints, health status/domestic competence, and informal support/family characteristics.

Economic Constraints. There is a positive relationship between income and the tendency to maintain a separate household alone or with a spouse (Michael, 1980; Kobrin, 1981; Miron, 1983, Soldo et al., 1984). While acknowledging the complex interaction of income with socioeconomic variables such as age, sex, marital status and fertility, some researchers have seen income as the major determinant of separate living (Michael et al., 1980). They view the decision to live alone primarily in economic terms: "as a reflection of an economic demand for privacy or autonomy (: 40)." Income improvements of the elderly since World War II, they argue, have led directly to the "purchase of privacy" (Wister, 1985b: 128) by the maintenance of independent households. Michael relegates "other variables suggested in the

sociological literature" to the function of "affecting the shadow price of living alone compared to alternative living arrangements (: 40)."

Other writers have suggested limitations to this hypothesis. On a strictly economic level it ignores the financial advantages of sharing accommodation and the benefits of assistance in household work (Wister, 1985b). Kobrin (1981) notes that the purchase of privacy argument implies that "if we all simply had enough money we would live alone (: 373)." Others (e.g. Miron 1983) have shown that although income, controlled for age, is a statistically significant factor in the maintenance of separate households, the effect is small, and that "even low income families (have) a high probability of living alone (: 10)." It is difficult to reconcile the "purchase of privacy hypothesis" with the fact that about 40% of older women who lived alone in rented housing spent more than 50% of their income for the privilege (see Priest, 1985).

These researchers, in short, suggest that although income *per se* is a significant predictor of living arrangements of the elderly, it by no means explains the major part of the variance (Kobrin, 1981).

Health Status and Domestic Competence. These two constraints on housing choice, the latter being analogous to functional capacity, are distinct but related. That is, health problems do not necessarily create functional disabilities, nor does lack of domestic competence, which may well be related to gender socialization, necessarily imply illness. This distinction becomes academic, however, among those who are chronically ill or frail.

Wister and Burch (1987) found both health status and domestic competence statistically associated with living arrangements of the elderly. Soldo et al. (1984) concluded that the probability of living independently was "a simple additive function of the odds associated with the individual's age, income and need for functional assistance (: 479)." The effects of both health and functional capacity on living arrangements are thought, however, to be mediated by the availability of assistance, as discussed above, and to represent a constraint only in the absence of instrumental support (Wister and Burch, 1987, Fillenbaum and Wallman, 1984). That is, the long-term availability of assistance is critical to the ability to remain living alone if health fails.

Informal Support and Family Characteristics. The issues involved in this set of constraints have been discussed in several places above: availability of informal supports, particularly those provided by co-residents, appear to be salient predictors of living arrangements among seniors, particularly of independent living vs. institutionalization. Therefore, the availability of relatives, particularly daughters or daughters-in-law, has in the past been critical to the support of the elderly. Some writers (e.g. Priest, 1987) suggest further that the increased participation of today's women in the labour force and the general "modernization" of family life are factors in the declining incidence of old people living in family settings. Geographic mobility of both old people and their families is another element of decreased availability of kin for assistance which limits the living arrangement options of the elderly.

Researchers in general (Lawton, 1980) agree with Beland (1984) that elderly persons wish to leave their independent homes only when difficulties are so severe that they do not have "sufficient resources to

stay in them (: 183)." Gunn, Verkley and Newman (1983), reviewing the literature on homeownership among Canadian elderly, stated:

> It would appear from the literature that much of the institutionalization of the elderly, meaning their placement in senior citizens' or nursing homes, can probably be attributed to lack of choice (: 35)"

Historians, e.g. Laslett (1985) and Nett (1981), have pointed out that the pattern of living with family in old age may also be attributable to lack of choice. The nuclear or simple (i.e. two generation) family household had already become the usual arrangement by the seventeenth century in both France and England (Nett, 1981: 242). Nett contends, in addition, that where people temporarily shared households they did so, "not because they wanted to but because they had to, and that pattern was peculiar to a shortage of low-cost housing (: 242)."

3. *Norms and Preferences.*

In the decision to live alone or with others, sociodemographic characteristics and constraint variables appear to be less important than normative/preference effects on choices among alternatives. Researchers (e.g. Kobrin, 1981; Lawton, 1981; Thomas and Wister, 1984; Stone and Fletcher, 1987) assert time and again that characteristics of the individual such as their income, age, sex, marital status or family size do not altogether explain the increasing incidence of the decision, especially by older widows, to live alone. The explanation, they suggest, can only reside in cultural, normative or preference factors. That is, where choice is available, it becomes the dominant factor in living arrangements.

The question of concern is: are old people choosing to live alone because other factors, especially general rises in income, have enabled "welcome gains in privacy" (Kobrin, 1981: 371), or have normative changes made it difficult for them to choose to live with, or to be accommodated by, their families? In other words, has an underlying preference for independence finally been allowed to flourish, or is an underlying desire for family living now being made impossible? More succinctly, are today's elderly people being liberated or abandoned?

Departing from the demographic approach of earlier researchers, Wister with various colleagues has attempted to understand whether older people live alone because they have to or they want to.

The preference for privacy/independence. Privacy and independence, though conceptually distinct, were found by Wister and Burch (1985) to be overlapping insofar as they had "similar associations with an individual's social status and personal characteristics ... (and) similar relationships with other variables under investigation (: 6-7)." Privacy is, generally speaking, the control of access to one's person (Boyd and Tindale, 1987). Independence, on the other hand, implies the freedom to live as one chooses (Wister and Burch, 1986). The preference for these related qualities in one's living situation has been repeatedly expressed by older people (Gnaedinger, 1986; Gutman et al., 1987). Wister (1985b) found that after controlling for other key variables the preference for privacy and independence emerged as the

strongest predictor of living arrangements, more important than such constraints as income and availability of kin.

It is difficult to distinguish in practice between social norms or values and individual preferences. Wister's research (1985b) concluded that the belief that society expects older people to live separately and the perception that age groups are quite different from each other may strongly influence individual preferences in the matter of living arrangements, and vice versa. The other normative factor which Wister found to be important was values regarding obligations among kin. A strong sense of responsibility for family members was negatively related to the preference for independence and to the choice to live alone. This finding supports Wister's earlier work which showed that Canadians of 'modern' (e.g. British or Jewish) backgrounds and 'traditional' ethnic groups such as French or Italian (Thomas and Wister, 1984) had different rates of living with family, the latter being higher.

The emergence of these norms and preferences in empirical research appears to confirm Kobrin's (1976a) more theoretical argument that a process of age-segregation is going on in North American society. Living independently and often alone, while it is seen to be "expected", seems *also* to be a matter of "welcome gains in privacy".

Symbolic aspects. The preference for privacy and independence in living arrangements goes beyond the adherence to social norms, the sense of difference from other generations and one's attitude to kinship obligations. Being essentially subjective phenomena, such preferences may have highly symbolic aspects as well (O'Bryant, 1983; Gnaedinger, 1986). Boyd and Tindale (1984) point out that control of one's privacy changes over a lifetime. Children have little privacy in our society, and the growing need for time and space to oneself is characteristic of adolescence. The establishment of a separate residence being one of the hallmarks of adulthood in our society (Kobrin, 1976a), it is not surprising that many older people weigh the legion of practical risks of living alone against the symbolic risks of moving, and choose to stay where they feel in control of their lives (Gnaedinger, 1986).

Symbolic adulthood is also reinforced by the mere fact of competently managing an independent lifestyle, especially under difficult circumstances (Lawton, 1980; O'Bryant and Nocera, 1985). This may be particularly true of widowed people who undertake responsibilities always carried in the past by their spouse. The status of homeowner is another badge of adulthood and competence for many. Even the obligation of paying taxes indicates that one is a contributing member of one's community and may add to the incentives to retain an independent living style.

The literature on the symbolic identification of woman with the home is detailed by Gnaedinger (1986). O'Bryant and Wolf (1983), further, found a cluster of variables related to the emotional importance of the home as the repository of a family memories. These emotional factors enhance the meaningfulness of the dwelling itself to the individual and have been shown to predict the intent to stay, alone if necessary, in one's long-time home (Gnaedinger, 1986; O'Bryant and Wolf, 1983).

Thus the literature reveals that the preference for privacy and independence characteristic of today's elderly has both normative and subjective aspects. There are also idiosyncratic factors in the process of

making a decision under particular circumstances which, in the general context of societal norms and preferences, appear to affect individual choices of living arrangement.

4. Decision-making.

It has been suggested (Wister and Burch 1987) that one component of the phenomenon of elders living alone which should not be neglected is the issue of choice and decision-making itself. In other words, are older people living alone because they simply cannot make the decision to move to a more appropriate situation? Some of the factors in such decision-making are: one's perceptions of thresholds, one's view of alternatives, assessment of costs and benefits given the perceived time horizon, and the impact of other people.

Perceptions of thresholds. Wister and Burch (1987) suggest that, according to the adage "not to decide is to decide," much decision-making is passive rather than active. Only when feelings of satisfaction with one's living arrangement cross the threshold into dissatisfaction, either by an accumulation of small dissatisfactions or by a particular life event (Lawton, 1981), is the active search for an alternative begun. The authors, following Easterlin (1978), argue further that the dissatisfaction threshold of the current generation, given their life experiences, is higher than that of other age groups, that is, their expectations are lower. They cite a survey of 770 seniors in London, Ontario, in which 65% of the respondents could not list one outstanding need. Comparing themselves to their own parents, today's elderly may be satisfied with what others would consider a fairly low living standard and see no pressing need to change their living arrangements.

View of alternatives. Wister and Burch report that when asked what alternatives they envisioned for themselves if a change of living arrangement was required, almost 50% of their sample did not consider that there were any alternatives at all. 87% did not see more than one alternative. In particular, less than 2% regarded living with friends as an option at all. It is clear that if very few options are actually considered acceptable by today's elderly, (a conclusion supported by the findings of Gutman et al. 1987) the "choice" to live alone may in fact be not so much an active decision as the "default position." This finding raises interesting possibilities for further research, into the decision-making process, into the possibly different attitudes of future cohorts and in particular into the changes in attitude which occur, even in the same cohort, when more viable options become available. (One thinks, for instance, of the increasing willingness of older people in Vancouver and Toronto to move from their long-time homes into condominium apartments.)

Costs/benefits given perceived time horizon. Wister and Burch found that agreement with the statement "When you reach my age, it isn't worth the trouble required to make major changes like moving..." reached 44% among respondents 64 to 69 years of age and almost 65% for those aged 70 and over. Although another possible reaction to the perception of limited time remaining might be to make additional efforts to enhance life, this research suggests that many of today's elderly may find it in fact an obstacle to change.

Impact of others. Beyond the influence of societal, peer group and family norms on the preferences of the individual there is the sometimes forceful direct impact of friends and especially family. Wister and

Burch suggest that either by exerting influence or by restricting the alternatives, family in particular can play a powerful role in shaping the perceptions, preferences and ultimately the decisions of elderly people. They recommend that, particularly for certain alienated subgroups of the elderly, future research might include measures of the norms and preferences of family members. Conversely, it is possible that absence of others' assistance to help make and implement a decision to change one's living arrangement could be a factor in continuing alone, especially for people (e.g. widows from traditional marriages) who may have had little experience in independent decision-making.

5. Intervention Variables.

This last complex of variables, though implicit in most of the previous discussion, should be identified separately for the sake of clarity. If, as argued by Kobrin (1976a), generations are becoming increasingly separate from one another, the assumptions which underlie that process must also underlie social policy developed during this period. Chief among those assumptions appears to be the belief that older people should have the means to look after themselves without depending on whatever family they might have. This belief leads to the creation and support of various public and private pension schemes, home care programs, and assisted housing programs to enable and promote their independence.

> Emphasis on direct support to the elderly rather than alternative means, such as tax incentives to extended families or those purchasing cottage flats, reaffirms current trends involving family and residential transformations. This is not to say that elderly in general prefer co-residence, but that governments policy is often unidimensional, influenced by broad social change (Wister and Burch, 1986: 18).

Indeed, proponents of shared housing have frequently complained that government criteria for financial assistance, and building and zoning regulations, favour separate living and often actively inhibit shared living arrangements (Schreter and Turner, 1986).

Such policies have a circular effect: offspring of the predominant system of norms, they are also potent reinforcers of that system; and as Kobrin (1981) points out, the classic constraints on living arrangements, income and availability of co-residents, are all mitigated by the presence of intervening public programs.

Intervention variables can also work more directly, if sometimes in unexpected ways. Beland (1984) found that interaction with medical professions, controlled for health, predicted a desire *to move from* one's home into seniors' housing. The availability of services intended to encourage remaining in the home was also related, although marginally, to the desire by his urban Quebecois respondents to make such a move. He notes that those who had the health and social resources to negotiate the bureaucracies involved were those who were attracted to the protected but autonomous setting of a seniors-only building. Those with fewer resources were seeking institutional placement. That is, a preference for autonomy, rather than a desire to remain in the community as such, attracted these respondents to the only acceptable alternatives which public policy had provided.

Likewise, Brink (1987) reports that in Baltic countries "the gains in terms of reduced institutionalization, improved quality of life and decreased burdens on the family that were expected to result through home care have not yet been demonstrated (: 38)." Intervention by government and professionals, via professionally designed programs, may have unforeseen consequences unless it interacts with the norms/preferences held by their intended recipients. Similarly, the absence of alternatives addressing the factors which underlie the preferences of elderly people can constitute a positive force sending people in another direction.

C. Summary

To summarize this review of factors influencing the choice to live alone: sociodemographic characteristics, particularly age, sex, marital status and fertility, are predictors of living arrangements, and can act directly or through constraints (health, income and availability of co-residents) to influence household composition. However, these variables explain less of the variance than might be expected, and normative and preference factors appear to be more influential in the living arrangements of older people.

Demographically speaking the typical old person is a widow with a relatively low income who lives alone in spite of some health problems and is supported by social contact with family and friends. The literature suggests that she lives alone partly because she feels it is the expected or appropriate thing to do; partly because she feels no pressing need to make another choice (nor does she see any truly acceptable alternative); but mostly because for reasons that are practical, emotional and symbolic, she vastly prefers to maintain her privacy and independence.

The purpose of the current research was to pick up from the literature by asking older women themselves the question: why are older women increasingly living alone? It attempted to understand in more depth the roots of the preference which appears to be so strong that it flies in the face of sensible economic arguments--it is simply cheaper to share housing than to live alone--and the obvious risk of ending up in an institution for lack of help at home. The first aim of the study was to determine, if possible, the role of choice in this phenomenon: were elderly women living alone through abandonment or choice?

The project also sought to describe and understand older women's experience of living alone in order to begin developing housing and service options which would be readily accessed by seniors experiencing either financial problems or difficulties managing the tasks of everyday life.

III. METHODOLOGY

A. Choice of Methodologies

Although it is possible conceptually to separate the use of the standard survey methodology from the participatory component of this study, in practice the two were interwoven throughout the duration of the

project. Therefore they will be reported together, with commentary on the contribution of the older researchers and on the group development process provided where appropriate. For convenience, the older women who carried out the project will be referred to as *researchers* throughout the report, with the project leader alluded to as the leader or *principal researcher*; those who were interviewed and who attended the feedback meetings will be called *respondents* or interviewees.

The project grew out of a literature review being carried out by the principal researcher, Veronica Doyle, as part of the requirements for a PhD dissertation. In reviewing the existing information about the trend among older women towards living alone it became clear that for the most part the literature was not based on primary data. Very few studies, Wister's (1985) being a notable exception, addressed more subjective variables, and none appeared to have explored the issue in depth with older people themselves.[1] Existing attempts to explain *why* this increasingly salient trend was developing were based almost entirely on the guesses of younger researchers analyzing large-scale data sets or census information. Since the expansion of the senior population is a subject of much interest to planners and policy-makers in housing as in other fields, it seemed critical to obtain information on the topic based on more direct research.

A conventional quantitative method was selected because it would produce data of the same *type* as other studies, and could be used in comparison with the existing literature. The involvement of older women as researchers was based on the belief that interviewees would speak more freely to other older women, and further stemmed from the conviction that the perspective of older researchers could complement academic skills and techniques to assist interpretation of the data gathered. Thus, the combined survey/participatory methodology was chosen primarily to improve the quality of the information gained and the conclusions drawn -- out of a conviction that the contribution of older workers in conducting the study was real and necessary.

In addition, it was believed that providing an opportunity for older people (i.e., the older researchers) to become educated about housing issues would have two effects:

- first, *a community development effect* -- there would be a group of informed and articulate community people who would be able to advocate for seniors' needs in housing and to educate other older people about their housing choices;
- second, *a health promotion effect* -- it was expected that the process of gaining new skills and information, on a paid basis, by contributing to a worthwhile community endeavour would help to raise confidence and self-esteem among the older researchers.

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[1] Rubinstein, Kilbride and Nagy (1992) report a similar study of very frail elderly people living alone in and around Philadelphia.

B. Research Design

The study consisted of four components:

- a *survey* consisting of face-to-face *interviews with elderly women* living alone
- a *telephone survey* of *younger family members* (usually their children) designated by respondents
- a series of *feedback workshops* in which selected findings of the study were presented to groups of 5-10 respondents for comment
- telephone *re-interviews* of respondents before or after attending a feedback workshop.

These components will be discussed in detail below.

In addition, there were two follow-up projects. One was the production of a broadcast-quality video[2] presenting the major findings of the study, depicting also the capabilities of seniors as researchers and the health promotion potential of this particular methodology. A second study investigated further, again from the perspective articulated by older people themselves, the qualities of a seniors' housing development which support independence and the choice to live alone.[3]

C. Researchers

Thirteen older women comprised the core group of research assistants who worked on the project from beginning to end. Five others made substantial contributions to the study but either joined the group when the work was near completion (3) or terminated their involvement part way through (2). Of the latter, one stated that time constraints and the illness of her husband made it difficult to continue; the second stated that she was experiencing a high degree of anxiety about keeping her activities on the project organized and felt it better for her health to withdraw[4]. Four women who joined the group early on chose after several sessions not to continue, one citing poor health, others citing discomfort with the group or the type of work involved. One man was part of the committee during the discussion stage, but withdrew after a decision was made by the group that although he was valued for his contribution to the discussions, he would not act as an interviewer for the project.

Average age of the researchers at the beginning of the two-year study was 70, range 59 - 82. Other sociodemographic characteristics of the researchers are shown in Table 1 below.

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[2] Entitled *It's My Turn Now--The Choice of Older Women to Live Alone*, this half-hour video is available from the Gerontology Research Centre, Simon Fraser University, Harbour Centre Campus, 515 West Hastings Street, Vancouver, B.C. V6B 5K3

[3] This study is reported separately under the title *Organizational and Management Qualities of Successful Seniors' Housing*. It is available from the Gerontology Research Centre at Simon Fraser University at the address given above.

[4] This woman interviewed 16 respondents and her work was at all points up to the standard produced by the other researchers.

Table 1: Sociodemographic Characteristics of Research Assistants (n = 15)

Characteristics	Number
Marital Status	
- married	2
- divorced/separated	4
- widowed	5
- never-married	4
Land of Birth	
- Canada	11
- elsewhere (primarily U.K.)	2
- missing	2
Highest Level of Education	
- university degree	7
- some post-secondary	3
- high school graduation	3
- some high school	2
Pre-retirement Occupation	
- housewife	1
- professional/managerial	8
- clerical or service	6
Health	
- excellent	4
- good	6
- fair	4
- poor	1
Monthly Income	
- $2,500 or more	4
- $1,500 - $2,499	5
- $1,200 - $1,199	2
- $ 900 - $1,199	4
Housing Tenure	
- own	5
- rent	8
- co-op	2

Characteristics	Number
Living Arrangement	
- live alone	12
- with spouse only	1
- other (co-op, with son)	2
Monthly Housing Costs (mean)	
- owners	$356
- renters	$471
unsubsidized only (n = 6)	$595

The table shows that the researchers were a fairly representative group of Canadian-born, caucasian women of their generation, with perhaps two factors which differ slightly from the norm: only one had been a full-time housewife all her life (and she had a strong record of volunteer activity), and their education level may be higher than average. Mean on the 4-point health index was 2.9; mean on the 5-point income scale was 3.6.

Five lived in homes they owned; four lived in co-ops or subsidized rental housing. When asked if, after paying housing costs, they had enough to be comfortable, 7 of the 15 replied that they had more than enough, the remaining 8 stating that they had just enough (n = 6) or not enough (n = 2) income to be comfortable.

Some of the researchers had been active in volunteer and community affairs for many years; for others it was the first or second time they had ventured into activities outside their own home and work responsibilities.

The researchers were recruited in two ways. The core group were drawn from a committee known as the West Side Seniors' Advisory Committee, which had been formed to advise the Vancouver Health Department in its work with seniors. The members of the committee were older women and men involved in various volunteer activities throughout the City. This committee was approached for its support when the proposal was first written (July, 1988), and after funding was committed, a group was formed from among the committee members to carry out the new project.

Other researchers were enlisted by word of mouth. Community members such as church leaders and health department personnel were informed that older women were being sought for paid interviewing work. In addition, a flyer (see Appendix 1) was posted in various community locations by members of the existing group.

Twelve members of the research group undertook face to face interviews. Where possible, each researcher carried out the follow-up interviews from her own original respondents. One woman, an experienced telephone interviewer who joined the group late, filled in gaps in the subsequent telephone

interviewing work left by the withdrawal or illness of others. The number of face to face interviews undertaken by individuals ranged from 5 to 44, with a mean of 14.5 and a median of 12.[5]

Others preferred, or took on in addition, administrative functions such as keeping lists of respondents (a process which involved learning to use a word processor), "dispatching", i.e. assigning researchers to available respondents and respondents to the geographically-based small-group feedback meetings, writing thank-you notes to the respondents. The location and date of each feedback meeting was organized by the women whose interviewees were attending, but one woman took on the entire task of co-ordinating dates, according to the leader's availability, and transportation for the meetings. Researchers were paid at the rate of $25 per interview and $12 per hour for other work.

D. Procedures

1. Sample Recruitment

Older Women Living Alone (Main Sample)

Respondents for the main questionnaire were recruited in two ways. The largest portion of them (80%) were drawn in a stratified random sample from clients of the Continuing Care Program of the Vancouver Health Department. Selection criteria utilized were:

- women only,
- aged 70 or over,
- assessed at the Personal Care level but receiving homemaker services only (no nursing care).

Since the Ministry of Health database used does not indicate living arrangement, marital status (= "not married") was used as a proxy and verified by the client's case manager as explained below. Names were drawn equally from all four of the Health Units in the City of Vancouver in order to represent all geographic regions of the City and, insofar as possible, a range of socioeconomic status groups.

To safeguard the confidentiality of Continuing Care client information, the following procedure was employed in contacting potential respondents[6]. A staff member from the Health Department Central Office drew names at random from the list of clients who met the criteria, and prepared both a memo to

[5] Interview assignments were done on a geographic basis, since interviewers generally preferred to work not far from their own neighborhoods. Very few were willing to work in the downtown area (West End and Strathcona) because of the difficulty in finding parking. Most interviews in these neighborhoods were done by two women who lived nearby, one of whom undertook 44 interviews. The mean number of interviews per researcher, this one aside, was 12, median 11.

[6] The Health Department memo in which this procedure was set out is reproduced in Appendix 1.

the case manager who normally had direct contact with the client and a personalized explanatory letter[7], with accompanying addressed envelope, for the potential interviewee. The letter, prepared for case managers' signatures, explained the project and its value and asked clients to assist by agreeing to be interviewed. They stated that the interviewers would be older women trained to record answers correctly and also trained to ensure confidentiality. The letter stressed that the client was free to participate or not, according to her own choice. A sample copy of the letter is found in Appendix 1.

Each case manager either signed and mailed the letter to a client, or destroyed it and returned the accompanying memo to Central Office staff giving a reason why the client should not be contacted. Reasons given were three:

- client does not live alone,
- client does not speak conversational English, or
- client has recently suffered a traumatic event.

Interviewers were then given the names, addresses and phone numbers of clients, and the date on which the explanatory letter had been mailed to them. Researchers in due course telephoned each potential respondent, administering a screening questionnaire (found in Appendix 3) to find whether she met the criteria for the study. If so, they set up an interview at the respondent's home, or another place if she preferred. Respondents recruited through the Vancouver Health Department in the manner described are referred to in this paper as *VHD respondents.*

The remaining 20% of interviewees *(non-VHD respondents)* were located by a referral technique: VHD respondents were asked at the end of their interview whether they could suggest a friend or neighbor, "somewhat like yourself but not receiving any Long Term Care,"[8] who might agree to be interviewed. The interviewer then either contacted the woman directly, or sent an explanatory letter very similar to that sent by case managers (but on Gerontology Research Centre letterhead), and followed up with a phone call. The original respondent was cautioned not to discuss the project with her friend until after the latter had been interviewed.

Family/Friend Sample

To recruit respondents for the Family Questionnaire, each of the respondents to the Main Questionnaire was asked to give the name of a close relative or friend who might be willing to answer questions in a telephone interview. The following explanation was given:

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[7] This letter had been drafted by the principal researcher with assistance of the researchers, and reviewed by health department personnel.

[8] "Long Term Care" is a term previously used by the Continuing Care Department, and familiar to many of the respondents and interviewers.

> We are not trying to check up on what you said, and nothing you said will be repeated. We would simply like to have the perspective of another generation on this question. Family members and close friends are involved because they do care, but they are not the ones who can actually make decisions. This is sometimes a difficult position to be in, and we would like to understand how they feel, and what ideas they have about housing for older people.

If the respondent gave a name, the interviewer followed up as soon as possible to set up a telephone interview.

2. *Instrument Development*

Development of the main questionnaire and the subsidiary instruments (such as the screening questionnaire, and the reinterview form) occurred through an iterative process:

- *initial conceptualization and information drawn from the literature* on the subject of older women living alone were brought to the group of researchers by the principal investigator
- *identification and clarification of issues* was carried out in group discussions among all the researchers
- *draft* of the questionnaire prepared by the principal investigator was taken to the researcher group for comment
- *revisions* by the groups over several meetings were incorporated into the final form of the questionnaire.

Details of the questionnaire development process were as follows:

Four discussion meetings were held at two-week intervals in March and April of 1990. Five women, of whom four continued their participation for the duration of the study, attended the first meeting, and others were added gradually as word of the project spread.

After an introductory presentation about the project and its purpose, the identification of issues focused on participants' views about the phenomenon of older women living alone, starting with the information which had been found in the literature review. Group members were provided with a handout detailing basic demographic data about the trend to live alone. In addition, large sheets of paper outlining the topic were taped around the room.[9] Information and opinions were written onto the sheets in the appropriate place as they arose in the general discussion.

This was a key procedure, because it enabled the leader to keep the information in good order without unduly controlling the discussion, and set the pattern for free but focused contribution of all group

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[9] A copy of the discussion outline is found in Appendix 2.

members. Specifically, it allowed the leader, by writing group members' ideas into the outline, to show that all ideas were valued and in some way relevant to the overall subject in hand. This procedure also limited the danger of discouraging participation by telling people they were off-topic. In other words, this approach shifted control and "ownership" of the discussion from the leader to the group. The leader's role then became that of "first among equals", she contributing her knowledge of the literature and her technical expertise as a researcher, the participants contributing their first-hand knowledge of the topic and of the potential respondents.

The same pattern was followed in drafting the various questionnaires. The leader brought drafts of the interview schedules to the group. Discussion focused on the practicality of the proposed materials for their intended use. For example, would older women be likely to answer the question as phrased? To what extent might they be concerned about confidentiality? How reliable were their answers to sensitive questions? How could we prevent the perception that we were checking up on their answers by speaking with family members? [10]

Copies of all questionnaires used in the study may be found in Appendix 3.

3. *Interviewer Training*

An activity which occurred in subsequent meetings was interviewer training and problem-solving. Researchers were given written instructions[11] which clearly set out the steps to be taken during the initial contact or screening interview and the interview itself. In addition, those instructions were repeated verbally in a meeting. The interview process itself was also thoroughly discussed, with emphasis on the need to phrase questions as scripted in the questionnaire, to record answers accurately, to avoid as much as possible influencing the interviewee's response. In addition, potential problems were identified and techniques for handling such problems were addressed. Practice interviews were then held between group members, with feedback from both the group leader and other participants. Following these practice sessions, pilot interviews were held. Each researcher interviewed one or two friends, and subsequently a respondent from an initial sample contributed by the Health Department. She returned to the next meeting with both suggestions for the revision of the questionnaire and problems with the interviewing process itself to be worked on.

The initial training by the leader was quickly supplemented by members of the group. Several had done interviews regularly (or otherwise worked extensively with people) in their professional or volunteer lives, and were able to assist the others with very practical suggestions. For instance, one woman, who

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[10] The same procedure was used to plan activities throughout the project. How could we organize the feedback workshops so that elderly or frail respondents would want to attend? Later, as part of the data analysis, the researchers were presented with summaries of the data: frequency distributions, ANOVA results, and factor analysis loadings and asked for their interpretation and comment.

[11] These and other training materials are found in Appendix 2.

had been a social worker, was very interested in the difference between her past experience with interviews intended to solve personal problems, and research interviews whose primary purpose was to gather information. Once this distinction became clear to her, she helped others with techniques for dealing with potential problems such as over-talkativeness, anger, or obstructiveness from the interviewee.

One problem mentioned by several women after the pilot interviews was the desire to reach out in support or friendship to a respondent who clearly needed assistance, e.g. because of excessive loneliness. Again, group members who understood this issue from their own professional background were able to help by describing the need for empathetic detachment, and the considerations the interviewer could review before deciding whether to involve herself further with a respondent. Interviewers were given a confidential procedure to use if they felt a respondent had a serious problem which should be addressed by health department personnel.

4. Family Member Interviews

The interview of family members or close friends was conducted by telephone, in most cases by the researcher who had carried out the main interview. It followed a structured protocol and took about twenty minutes to complete.

5. Feedback Workshops

All respondents to the main questionnaire were telephoned (usually by their original interviewer) to offer them the opportunity to attend a feedback workshop at a location convenient to them (e.g. church or seniors' centre). Those who required it were offered taxi transportation to the site. The sessions included refreshments and usually lasted about 90 minutes. The workshops usually consisted of 5 - 8 respondents. Sessions were led by the project leader, assisted by the 2 or 3 researchers who had interviewed the women attending. The researchers welcomed the participants, assisted with the discussion, and provided refreshments at each gathering.

The leader stated the purpose of the workshops as fourfold: offering a gesture of thanks to the respondents for their help in the study, asking for confirmation and clarification of the results before they were published, giving the occasion to talk about living alone with others who shared that lifestyle, and allowing the opportunity to gain information about alternatives to living alone or other supports.

Workshop participants were given a two-page summary frequency distribution, with starred items the focus of discussion.[12] In each case the frequency found in the study sample would be reported, and then the participants were asked if they felt the same way. Topics reviewed included: what was liked and disliked about living alone, problems and worries, what appears to make living alone easier, plans (if

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[12] To be found in Appendix 2.

any) if support was needed in the future, and housing options they saw as feasible. In each case the questions were: do you, or do others you know, feel that way? Are we interpreting correctly? Have we missed anything? At the end they were asked what they would "tell the world" about older women living alone, or, alternatively, what they would tell a younger woman to expect.

Before leaving, they were asked to fill out a two-page anonymous questionnaire on problems with living alone.

6. Follow-up Interviews

Respondents were reinterviewed by telephone, usually by their original interviewer, in the spring of 1992. Interviews, again following a structured format, took about fifteen minutes.

7. Evaluation

There was extensive discussion of the effects of the project throughout its later stages, particularly in conjunction with the preparation of the video. For this reason, plans to undertake a formal evaluation were ultimately shelved. A self-administered evaluation questionnaire was, however, prepared for the researchers to complete, to supplement the discussions.

E. Instrumentation

1. Main Questionnaire (In-person Interviews)

The main questionnaire was a combination of fixed-response and open-ended questions designed to be read to the interviewee. Interviewers explained to their respondents that it was necessary to read the questions and they might feel a little awkward; but asked them to bear with it for the sake of getting a usable result. Response options were in some cases read to the respondent; in others the appropriate category for the interviewee's free response was checked; in still others, the response was recorded verbatim. For one question, that requesting information on their monthly income, respondents were presented with a card bearing the five income ranges and asked into which category their monthly income fell. Duration of the interviews was ordinarily about 90 minutes.

Part I of the questionnaire focused on introductory information about the respondent: family, housing, neighbourhood, and pathways to living alone. Part II dealt with thoughts and feelings about living alone: what she liked and disliked about living alone, problems and fears she encountered, and coping mechanisms. She was also asked how she defined privacy and independence and what her ideal living arrangement would be. In addition, there was a four-point satisfaction scale (very satisfied to very dissatisfied) with regard to living alone, and an opportunity to elaborate further if the respondent wished.

Part III explored the woman's support systems: objective and subjective social integration, formal and informal supports available. Part IV dealt with the degree of choice she felt she had in living alone, the

alternative living arrangements she believed were available, what she thought she might do if she could no longer live safely alone and, finally, her opinion of various housing options being developed for seniors. This section also included a set of 27 Likert-type scale items--a mixture of tested items drawn from the literature and statements which arose from the initial discussions. The Bradburn Affect Balance Scale (Bradburn 1969) was also included in this part. The final part, Part V, solicited basic sociodemographic information.

2. *Family Member Questionnaire*

This interview contained 30 questions, again a mixture of open-ended and fixed-response items. The last 9 questions solicited sociodemographic information. The others were of two kinds. Some asked the same or similar questions to those which had been asked of the older relative or friend, in order to compare the perceptions of the two. These items focused on issues such as the older person's health, frequency of visits between them and each person's satisfaction with that frequency, size of social network, degree of choice in living alone, and housing alternatives available, including the possibility of the older relative living with the respondent.

Another set of items dealt with the family member's own feelings about the situation: how responsible he or she felt for various aspects of the older woman's wellbeing, what plans, if any, were being made in the event of health or safety problems in the future, what the older woman *needed from* and *gave to* the respondent at the present time.

3. *Feedback Workshop Questionnaire*

A final questionnaire was completed by the women who attended the feedback workshops. This consisted of eleven items detailing problems which are sometimes experienced by people living alone, such as loneliness, boredom, temptation to eat too much or too little or to drink too much. The workshop leader explained that these had not been included in the original interview because they were somewhat personal, but that it was necessary for the completeness of the project to address those issues. The women were asked to check one of the three possible responses (a lot of the time, some of the time, rarely/never) and date their copy, and it was pointed out that no identification of any kind was required.

4. *Follow-up Questionnaire (Reinterview)*

For this re-interview, the researcher first checked for changes in the respondent's situation: change of housing or living arrangement, health, income or "state of mind." Secondly, some of the key questions from the original interview were repeated: what the woman liked most and least about living alone, how satisfied she was with her present living arrangement and the degree of choice she felt she had, and her ideal living arrangement. The Bradburn Affect Balance Scale was readministered. The questionnaire also mentioned a set of five supportive housing alternatives for a time when "we were still quite independent but unable to take care of ourselves completely" and asked whether the woman could see herself undertaking that living arrangement. The alternatives mentioned were: living with children or

other close relatives, congregate housing, Abbeyfield or shared house, care facility, remaining at home with outside support. A sixth question asked what the respondent thought she was most likely to actually do under the circumstances described. She was also asked whether her thoughts on the subject had changed recently. Finally, the respondent's thoughts about the project itself were solicited: to what extent she had enjoyed it, what part was most interesting, whether it had affected her thinking in any way.

5. Evaluation Questionnaire

The evaluation questionnaire asked which parts of the project the researcher had enjoyed and not enjoyed, what she had learned, and what she felt should be done differently in a subsequent study.

F. Analysis

The data collected were subjected to statistical analysis in the usual way. The major independent variables examined from the main questionnaire, beyond the usual sociodemographic characteristics, were the length of time living alone, the perception of choice in living alone, and both objective and subjective social integration. Positive affect and negative affect, as measured by the Bradburn Scale, were treated as dependent variables in an analysis of variance. A factor analysis of the multi-item scale was undertaken in the search for attitudinal patterns on the subject of living alone.

In addition, however, the independent variables and the subject aspects underlying the choice to live alone were the topic of analytical discussion among the researchers. Statistical data, including the full frequency distribution, ANOVA results, and the factor analysis were brought to the group of older researchers for examination. With regard to the factor analysis, the factor loadings were presented and the group was asked to supply appropriate factor labels.

Analysis of the family questionnaire focused on its relationship to the main questionnaire. Correlations between the two were examined for similarities and differences in the perception of the older woman's present situation and future options, including the option of living with family. Again, the frequency distribution and correlations were discussed by the research group before conclusions were finalized.

A similar procedure was followed for the follow-up questionnaire, comparing it with the main questionnaire. In addition, analysis of variance was employed to explore for differences between those who had attended a feedback workshop before being reinterviewed, and those who had not, to determine whether any differences were associated with workshop attendance.

It would have been desirable to make a three-way comparison, among those who *had* attended a workshop, those who had not at the time of reinterview but subsequently did participate in one, and those who chose not to go to a workshop at all. This analysis was not done, however, because many respondents who failed to attend workshops were prevented by illness or conflicting engagements rather than exercising a preference not to participate. In a future study it would be helpful to have researchers

note on the Followup Questionnaire the reason for lack of attendance at followup activities, though such an item could not determine whether or not the stated reason constituted simply a polite refusal.

IV. RESULTS

A. Main Questionnaire

Main findings of the survey are provided below.

1. Sample

Response Rate

Almost 75% (74.7%) of the main sample (130 of 174 women) were *VHD* respondents drawn from the lists of clients receiving homemaker services with housekeeping through the provincial Ministry of Health (Continuing Care Division); the rest were *non-VHD* respondents, a community-living sample recruited by referral from the VHD respondents.

Of the 306 names drawn randomly by Health Department staff, 49 women were not contacted for reasons given by their care workers, as mentioned above. Of the remaining 257, 46 were not interviewed because they could not be contacted by phone (3), they refused on grounds of being too busy (7) or not interested (20), or they presented language difficulties (6) or other problems (e.g. deafness, suspicion, confusion) which made a successful interview unlikely. Twenty-five respondents stated that they were ill, and 22 agreed to an interview but subsequently cancelled. Fourteen were not alone when the interviewer arrived, and the interviewer, as instructed, did not proceed. Two interviews were terminated part way through. The final sample of 130 VHD respondents represents 51.2% of the 254 potential respondents contacted.

Respondent Characteristics

The sociodemographic characteristics of the respondents are shown in Table 1 below:

Table 2: Sociodemographic Characteristics of Sample (n = 174)

No.	Question	#	%
2	Age: mean range	80.1 70-96	

2a	Age distribution		
	70 - 74	28	16.1
	75 - 79	50	28.7
	80 - 84	55	31.6
	85 - 89	30	17.2
	90 +	10	5.7
	missing	1	.6
3	Marital status		
	never married	23	13.2
	separated/divorced/married	23	13.2
	widowed	128	73.6
3a	Years widowed/separated: mean	21.4	
3b	Years married: mean	30.3	
61	Birthplace		
	Canada	104	59.8
	elsewhere	70	40.2
62	Regularly speak another language than English		
	yes	38	21.8
	no	133	76.4
	missing	3	1.7
63	Level of education		
	elementary or none	24	13.8
	some high school	45	25.9
	high school completion	46	26.4
	post-secondary training	33	19.0
	university courses and/or degree(s)	26	15.0
64	Lifetime occupation		
	housewife (little paid work)	68	39.1
	professional/managerial	20	11.5
	clerical/sales	56	32.2
	service-personal (e.g. waitress)	17	9.8
	skilled (e.g. bookkeeper, cook)	10	5.7
	other	3	1.7

69	Source of income		
	OAS	171	98.3
	GIS	111	63.8
	Canada/Quebec Pension Plan	117	67.2
	Private pensions, annuities	54	31.0
	Savings, investments	86	49.4
70	Monthly income		
	less than $ 900	77	44.3
	$ 900 - $1,199	53	30.5
	$2,000 - $1,499	19	10.9
	$1,500 or more	18	10.3
	missing	7	4.0

Age. The respondents' mean age at the time of interview was 80.1 (range 70 - 96); over half the sample were aged 80 years or more; 10 had passed their 90th birthday. Age was distributed fairly evenly about the mean, with 44.8% of respondents under age 80.

Marital Status. The majority of the sample were widowed (73.6%, n = 128), a somewhat lower proportion than that among elderly women in general in B.C. (83.6% in 1986).[13] Twenty-three respondents (13.2%) were separated/divorced (one was still actually married) and the same number had never married. Mean years married was 30.3; mean length of separation or widowhood was 21.4 years.[14]

Ethnicity. The ethnic variety of the group was limited. Only 38 respondents (21.8%) regularly spoke a language other than English, namely French (7 = 4%) or other European languages (28 = 16%), including Russian and Yiddish; 3 spoke Asian languages. Examining the respondents' place of birth and that of their parents reinforced this conclusion. Almost 60% of the sample had been born in Canada; those who had not were overwhelmingly from the British Isles (35 = 20.1%), eastern European countries and Russia (13 = 7.5%), western European nations (7 = 4.0%), or the USA (7 = 4.0%). One respondent was born in India, one in Africa, one in China, three in southeast Asia or Japan, two in Australia or New Zealand. Although only 39 (22.4%) had parents born in Canada, the pattern of parental birthplaces was very similar to that of the respondents themselves: primarily British Isles (79 = 45.4%), other English-speaking nations (18 = 10.3%), and eastern European (20 = 11.5%) or western European (12 = 6.9) countries.

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[13] Calculated from Statistics Canada (1987a).

[14] The researchers have pointed out that older divorced women may state their marital status as "widowed" after their ex-husband's death.

The ethnic similarity of the respondents is not surprising given the necessity to interview in English. On the one hand, they present a good sample of assimilated, mainstream English-speaking Canadian women of their generation.[15] On the other hand, the group were overwhelmingly first- and second-generation Canadians with roots in the U. K. and Europe, and cannot be considered representative of the ethnic diversity in Vancouver or many other urban areas. This sampling limitation must be kept in mind when interpreting the results and may limit their generalizability beyond the mainstream.

Education/Occupation. About a third of the group (n = 59) had education beyond the high school level: 33 (19%) with post-secondary trade, technical or professional training (e.g., teaching, nursing); 26 (15%) with at least some university (17 = 9.8%) or with degrees (9 = 5.2%). A quarter (46 = 26.4%) had simply completed high school; another quarter (45 = 25.9%) had some high school education; 24 respondents (13.8%) had elementary schooling only, or none at all. The sample group may be somewhat better educated than the elderly population as a whole in B.C. In 1981, about 25% of seniors had post-secondary education, and almost 39% had elementary school education only or none at all (Gutman et al 1986).

Thirty-nine percent of the sample (n = 68) had primarily worked in the home throughout their lives. Almost a third (56 = 32.2%) had worked in clerical or sales positions. About 10 percent (20 = 11.5%) worked as professionals or managers and a like proportion (17 = 9.8%) had worked in personal-service occupations like waitressing. A small fraction (10 = 5.7%) had been skilled workers such as bookkeepers or cooks.

Income. Virtually all the respondents (98.3%) received the Old Age Security pension; almost two thirds (111 - 63.8%) had incomes low enough to entitle them to a full or partial Guaranteed Income Supplement as well. Two thirds (n = 117) had benefits from the Canada or Quebec Pension Plan. Less than one third of the sample (54 = 31%) received private pensions or annuities, and about half (86 = 49.4%) had income from savings or investments.

These income sources generated levels of less than $900 per month for close to half (77 = 44.3%) of the sample. Another thirty percent (53 = 30.5%) had incomes between $900 and $1,199 monthly. Slightly over 10 percent of the sample had incomes between $1,200 and $1,499, and another 10% more than $1,500. Since Statistics Canada's Low Income Cutoff for a one-person household in a city of 500,000 or more was set at $14,951 for 1991 (National Council of Welfare 1993), that is, $1,246 per month, clearly at least three quarters of the respondents lived on incomes below the poverty line and most of the others are very close to it.

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[15] *The Fact Book on Aging in British Columbia* (Gutman et al., 1986) reports that in 1981 almost 64% of B.C.'s seniors were of British origin in that year; the only non-European group in the top ten for size was the Chinese at 2.9%.

A subjective financial measure was included in the questionnaire. Respondents were asked to rate their financial comfort after monthly shelter costs had been paid. Almost 91% stated that they were comfortable (122 = 70.1%) or very comfortable (36 = 20.7%). Only 12 respondents (6.9%) said that their financial situation was not comfortable for them. It is necessary to be cautious in interpreting this finding. On the one hand, it should be remembered that respondents were in a face-to-face interview and may possibly have been embarrassed to admit to financial hardship. While they had previously given other income information, it had been elicited by asking them to choose from a set of income ranges presented on a card by stating the number of the category which applied to them, not by asking that they state a specific figure. On the other hand, they were at the end of a long interview in which a certain degree of trust had developed by virtue of the nature of the previous questions. In addition, information volunteered in both discussions with the researchers and in the feedback workshops suggests that many of these older women do find themselves able to manage comfortably on an income which would seem low to others, especially if their housing costs are not onerous.

Housing. Table 3 shows the housing situation of the respondents.

Table 3: Housing Arrangements of Respondents (n = 174)

No.	Question	#	%
8	Type of dwelling		
	entire house	33	19.1
	apartment in house	4	2.3
	apartment in building	137	78.8
8a	Apartment level		
	1 - 3rd floor	97	70.8
	4th floor or above	40	29.2
9	Tenure of dwelling		
	rent	125	71.8
	own/co-op	49	28.2
10	Years in present dwelling		
	mean	16.7	
	range	1 - 55	
11	Other seniors in building		
	few	41	23.6
	moderate number	76	43.7
	all	57	32.8

Most of the respondents (137 = 78.8%) were living in apartment buildings; of the rest, a few had apartments in single family houses (n = 4), but about 20% of the sample (33 = 19.1%) occupied an entire house alone. A large proportion of those interviewed were renters (125 = 71.8%), with just over a quarter (49 = 28.2%) owning houses or condominium apartments.

About a third of the group (57 = 32.8%) lived in seniors-only buildings; most of the others (76 = 43.7%) considered that the number of older people in their buildings was "moderate". Roughly a quarter of respondents found few older people in their building or (for those living in houses) in their neighborhood.

Respondents had lived in their homes for some time. Mean length of residence was almost 17 years, the median 13.5 years, but a considerable number had occupied their current dwelling for thirty years or more (28 = 16.1%), even more than 50.

With regard to housing, the sample is not entirely representative of the situation of older women in B.C. For instance, in B.C. in 1981 almost half (47.5%) of women aged 75 and over who maintained their own homes lived in single family dwellings (Fact Book on Aging in B.C.), whereas only 19% of our respondents did so. As well, in 1981 the portion of Canadian women in the same age bracket who rented their accommodation was 41.6% (Priest 1985), much lower than the 71.8% from our sample. This sample appears to represent renters disproportionately, perhaps because it was drawn from recipients of publicly-provided -- i.e., low cost -- support services.

2. *Social Situation*

Respondents were asked a series of questions about their social support networks, such as frequency of contact with family and friends, and availability of assistance when necessary. As suggested by Liang et al. (1980), both objective and subjective measures were used, that is, both number of contacts and satisfaction with the amount of contact were recorded. Highlights of their responses to the questions are shown in Table 4.

Table 4: Objective and Subjective Social Integration of Respondents (n = 174)

No.	Question	#	%
28	Satisfaction about family visits		
	often enough	86	49.4
	not often enough	69	39.7
	missing	19	10.9
29	Frequency of family visits		
	several times/week	44	25.3
	several times/month	58	33.3
	several times/year	40	23.0
	less than once/year	16	9.2
	missing	16	9.2
30	Satisfaction with friends' visits		
	often enough	134	77.0
	not often enough	38	21.8
	missing	2	1.2
31	Frequency of friends' visits		
	several times/week	71	40.8
	several times/month	47	27.0
	monthly	19	10.9
	several times/year	17	9.8
	rarely or never	16	9.2
	missing	4	2.3
32	Frequency of phone visits most days		
	3 times or more	42	24.1
	1 - 2 times	116	66.7
	not at all	12	6.9
33	Opportunities to share feelings		
	enough	143	82.2
	not enough	23	13.2
	missing	8	4.6
35	Exchange services with neighbors		
	more than 5	30	17.2
	1 - 4	107	61.5
	none	35	20.1
	missing	2	1.1

No.	Question	#	%
39	Could rely on neighbors in emergency		
	yes	129	74.1
	not sure	15	8.6
	no	28	16.1
	missing	2	1.1
42	Assistance available at present		
	enough	147	84.5
	too little	26	14.9
	missing	1	.6
43	Assistance available in future		
	enough	90	51.7
	too little	65	37.4
	missing	19	10.9

Family and Friends. The table shows that almost 60% of the respondents saw family members at least several times a month. Those who visited with family members less often frequently stated that their relatives did not live close enough to visit regularly. In fact, responses to question 6 confirm that only about 36% of the sample had sons and/or daughters living within the Lower Mainland of B.C.; roughly 20% had brothers and/or sisters living locally; 45% had grandchildren and 15% great-grandchildren in the area. About half the sample considered that they saw their family often; almost 40% preferred to see them more often.

Contact with friends, on the other hand, appears to be more frequent. Two thirds of the sample saw friends several times a month or more, with 77% stating that they saw friends as often as they wished. Combining these measures, a picture of a busy social life emerges for most of these women, who see both family and friends several times a month. But their most important social vehicle appears to be the telephone: 91% spoke with family or friends by phone at least once a day, and a quarter did so three times or more.

Subjectively, 82.2% of the women interviewed said that they had enough "opportunities to share confidences and feelings." Some hesitation was expressed about this statistic by the interviewers, who reported that in a few cases (maybe representing the other 17.8%) this statement was belied in the interview situation by a respondent's apparent need to talk.

Activities. In addition, 46.8% of respondents reported belonging to a church community, and 39% attended a social or recreational group. Others participated in arts and crafts groups (17.3%), educational groups (12.1%) or sports and fitness activities (12.7). Somewhat less than a third (29.3%) reported no participation in group activity. The number who undertook paid work or volunteer work was 2 (1.1%) and 26 (14.9%) respectively. Over three quarters (77.6%) expressed satisfaction with the number of

activities in their lives, with about equal proportions stating they had too much or almost too much (10.3%) or too little (10.9%) to do. Clearly this latter statistic suggests a group with very few concerns about boredom.
An interesting issue which arose frequently in discussions with both respondents and researchers was the desire to share meals more often. Many stated that they disliked to cook for one and eat alone.

Assistance. With regard to finding assistance when necessary, almost 80% knew their neighbors well enough to exchange small services, and three quarters felt sure they could rely on their neighbors in an emergency. Thirty-five percent would call on their children if they needed help with small chores such as household repairs, a ride somewhere, or help moving furniture; almost half the group (48.6%, i.e. two thirds of the renters) would instead approach the building caretaker. In a brief illness a wide variety of resources would be combined, including one's children or other relatives (27% and 8%), friends and neighbors (12.1% and 8.6%), community groups or agencies (14.9%) or a combination of them all (20.7%). A large minority (38.5%) had made no formal provision for someone to check that they were all right. Others had arrangements with relatives (24.1%) or neighbors (19.0%), or lived a building with an alarm or building-check system (8.0%).

Most respondents believed they had enough assistance available at present although about 15% thought there was too little. On the other hand, only about half foresaw that the assistance available would be enough to meet their needs in the future.

Service Use. Respondents' use of services such as yardwork, meal preparation, and personal care, are detailed in their answers to Question 41. Although all but 32 respondents (18%) received housecleaning assistance, primarily from Continuing Care, some preferred to pay housekeepers on their own (3%) or didn't answer the question (5%). One respondent (0.6%) reported receiving housecleaning assistance from an unpaid family member or friend. Very little use of other services was reported, with the exception of yardwork/repairs carried out by paid individuals (18%) or by agencies (19%) and grocery shopping (29%) mostly contributed by family and friends (21%). Respondents made very little use of other available services such as the provision of hot meals, meal preparation, money management, help with bath or in-home nursing, although some of these could be provided under Continuing Care if required.

Discussion of the social life and activity of the respondents prompted an interesting perspective from the interviewers, who were for the most part very active and socially involved themselves. The women felt that respondents who belonged to an active church community or lived in a "successful" seniors' housing development were the best off of all because they had their social needs met without the degree of effort needed to sustain an active social life in the absence of a defined social community. Opportunities to socialize were at hand without having to travel or to make extensive arrangements which become more arduous if health or energy begin to fail. A continuing theme of the discussions with both researchers and respondents was that while they were able to meet their needs in the present, the future was to some degree uncertain, depending primarily on one's health, energy and ability to take care of oneself.

3. *Wellbeing*

The measure of wellbeing used for this study was the Bradburn Affect Balance Scale (Bradburn 1969).[16] The scale consists of two five-item subscales measuring, respectively, positive affect and negative affect with regard to one's experience "in the last few weeks." These subscales have been shown to be generally independent of each other, positive affect being normally correlated to external factors such as social relationships and activity, while negative affect is associated with internal ones, worry and anxiety (Bradburn, 1969).

Wellbeing as such is measured by a calculation which essentially subtracts the negative score from the positive, producing the Affect Balance Scale. Conceptually, the Bradburn treats wellbeing as a function of the *difference* between positive and negative aspects of one's current experience, so that low levels of worry associated with low levels of social integration and activity would produce similar (very low) levels of wellbeing as high worry combined with high social activity.

The Bradburn Scale was chosen for this research for two reasons. First, it is a brief, commonly-employed and well-validated measure of adult wellbeing whose use would facilitate comparison with other studies. Secondly, the objective was to determine respondents' *present* affective state, which the Bradburn is designed to measure, rather than to introduce elements of life-review found in other common scales such as the Philadelphia Geriatric Centre Scale (Lawton 1972) or the Life Satisfaction Index (Neugarten et al 1961).

In the present study, while the negative subscale of the Bradburn performed reasonably on a measure of internal consistency (Alpha = .627), the positive scale was less reliable (Alpha = .588). It was therefore augmented, as in a previous study by the same author (Doyle 1990), by incorporating two questions also derived from Bradburn (#59 and #60), asking for more general assessments of one's current emotional state.[17] This augmented positive scale was much more reliable, with an Alpha of .716. However, because of this "tampering" with the classic scale, extensive use of the Affect Balance Scale as such was considered inadvisable, and the subscales were used separately for data analysis.

Mean score on the augmented *Positive* scale (n = 166) was 8.2 out of a possible 11 points (standard deviation = 2.03, median = 8.0, mode = 7.0). Mean on the *Negative* scale (n = 173) was 1.03 (standard deviation = 1.28, median = .0, mode = .0). The *Affect Balance* score for this sample was 6.7 on the standard 0-9 scale (standard deviation = 2.1, median = 7.0, mode = 9.0).

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[16] Found in Question 58 in the Main Questionnaire, Appendix 3.

[17] The questions are: "Taken all together, how would you say things are these days -- would you say that you are very happy, pretty happy, or not too happy" and "In getting the things you want out of life, would you say that you are doing very well, pretty well, or not too well?"

The distribution and variance of the wellbeing scores were examined in the light of a number of relevant and/or commonly considered variables. Firstly, chi-square analyses were performed of the distributions for *Source* (VHD or non-VHD respondents) and for *Health Unit* region (i.e., location of residence). In neither case was the distribution statistically significant for positive affect ($p<.189$ and .248 respectively), or for negative affect, ($p<.289$ and .607).

Table 5 presents data from ANOVA analysis, showing the significance of the relationship between specified independent variables and wellbeing.

Table 5: ANOVA Significance of Wellbeing Scores by Selected Variables

Variable	Positive Affect (p<)	Negative Affect (p<)
Age Group	.217	.310
Income	.457	.549
Marital Status	.051	.574
Age/Marital Status	.072	.543
Health	.000	.000
Tenure Type	.565	.752
Age Mix of Housing	.214	.052
No. of Groups Belonged To	.000	.000
Degree of Choice	.017	.011

The ANOVA results indicate that most of the commonly considered sociodemographic variables do not appear to be influential with regard to the wellbeing of the women in this sample. Neither age nor income nor housing tenure type show significant relationships with affect.

It is not surprising to find little effect by age (Larson 1978, Doyle 1990), but the lack of correlation with income is more unexpected. The latter finding may be a function of the few respondents reporting incomes higher than $1,199 per month (n = 37, i.e. 21.2%), and the intervening variable of residence in subsidized housing for almost a third of the sample. On the other hand, as mentioned above, the high level of subjective financial comfort expressed by the interviewees suggests that they do not see income level as a major problem in their lives. This interpretation is supported by the author's findings in a previous study (Doyle 1990), and the observation of Lawton (1983) that sociodemographic factors as a whole yield a relatively low predictability of subjective wellbeing.

Housing variables. Two housing variables were examined as well: tenure type (rental or owned housing) and the perceived age mix of the building (all aged 55+, a moderate number aged 55+, or few). Contrary to expectations based on the findings of Doyle (1990), no significant differences in wellbeing were found. In this case, however, two confounds exist: tenure type is confounded by housing form, since virtually all the owners lived in single family dwellings, and age mix by the fact that respondents from seniors-only settings all lived in subsidized buildings.

Marital Status. Although marital status was not statistically related to negative affect, there are indications that an influence on positive affect might be found with larger subsamples.[18] The means on the 11-point scale differed substantially by marital status, that for separated or divorced respondents being lower than that for never-married and widowed ones, significantly so ($p<.051$) for the latter, as follows:

Separated/divorced	7.2
Never-married	8.2
Widowed	8.3

A two-way analysis of the means, by age and marital status, yielded non-significant results.

Reported health. Reported health (on a 4-point scale) showed strong correlations with both positive and negative affect, consistent with the fact that for older people, virtually all research shows a similar strong relationship between health measures (both self-assessed and objective) and wellbeing (Larson 1978).[19] The data show notable differences for both positive and negative affect, as shown below:

Table 6: Mean scores for Positive and Negative Affect by Self-Reported Health Status

Self-Reported Health		Positive Affect	Negative Affect
Excellent	(n = 20)	9.30	.55
Good	(n = 76)	8.76	.62
Fair	(n = 64)	7.50	1.43
Poor	(n = 14)	6.28	.14
p <		.000	.000

[18] It will be remembered that the separated/divorced and never-married samples consisted of only 23 respondents each.

[19] Mean for health on the 4-point scale was 2.59; the median and mode were both 3.0.

Number of groups regularly attended. Respondents were asked (Qu. 46) whether they regularly attended meetings of formal or informal groups such as church, social or recreational group, sports/fitness, educational, service or political organizations. The number of categories mentioned in each response was summed, then grouped as follows: 0, 1, 2-3, 4 or more. Number of groups attended showed strong relationships with both positive and negative affect as shown in Table 7:

Table 7: Mean Levels of Positive Affect and Negative Affect by Number of Groups Belonged To

Number of Groups Belonged To		Positive Affect	Negative Affect
None	(n = 50)	7.3	1.5
One	(n = 45)	8.2	.85
Two/Three	(n = 48)	8.7	.82
Four/More	(n = 13)	9.3	.67
p <		.000	.000

Women who belonged to even one group had significantly higher levels of positive affect than those who belonged to none. With regard to negative affect, women with 1 - 3 memberships had levels significantly lower than those who had none.

Choice in living alone. In the light of previous research which suggests that subjective factors, particularly subjective *housing* factors such as the sense of control, fairness and belonging, may be more predictive of wellbeing than sociodemographic or objective housing variables (Doyle 1990), the indices of wellbeing were examined in the light of the respondent's sense of her own degree of choice in living alone (Question 47). The question was phrased as follows:

> To what extent would you say you are <u>choosing</u> to live alone right now? Would you say it is:
>
> _____ (4) a definite choice
> _____ (3) something that you do because none of the alternatives is acceptable to you,
> _____ (2) something that just happened that you can't be bothered to change, or
> _____ (1) that you have little or no choice in the matter?

Almost two-thirds (65.5%) of the respondents indicated that living alone was a definite choice.[20] As the following table indicates, data for this scale showed strong effects for both positive and negative affect.

[20]. Similar results were obtained by Rubinstein et al (1992) surveying a group of frail elders.

Table 8: Mean scores for Positive and Negative Affect by Perceived Degree of Choice in Living Alone

Perceived Choice	Positive Affect	Negative Affect
definite choice (n = 114)	8.51	.81
no acceptable alternative (n = 26)	7.29	1.56
can't be bothered to change (n = 18)	7.78	1.22
no choice (n = 16)	7.50	1.56
p <	.012	.011

Although the majority of respondents appear to have a positive sense of choice about living alone, there is a significant minority (34.5%) who do not. Interestingly, however, the contrast as far as *wellbeing* is concerned appears to be between those who feel they have a definite choice and those whose living arrangement results from a lack of acceptable alternatives. This salience of the sense of choice in living arrangements as a predictor of wellbeing constitutes an important addition to the mounting evidence that subjective factors have considerable explanatory power (e.g. Doyle 1990).

To summarize, Bradburn's (1969) measures of positive affect and negative affect were used as indicators of current emotional wellbeing in this study. Data from this study suggest that self-perceived level of health, number of groups regularly attended and the sense of having choice in one's living arrangement are the strongest predictors of both positive affect and negative affect among elderly women who live alone.

4. Living Alone

Pathways to Living Alone. The women in this sample had lived alone for an average of 19.3 years (standard deviation = 11.7, median = 19, mode = 20). The range was from 1 to 50, with one "outlier" who had lived by herself for 76 years. Only 12 respondents (6.9%) had lived alone for fewer than 5 years.[21]

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[21] There are not enough respondents in this category to trace the *development* of the preference and sense of choice about living alone. Anecdotally, however, it appears clear that older women may find it difficult in the first few years as they develop the skills of taking care of themselves both physically and, especially, socially. The grieving process for a departed spouse is obviously part of this adjustment. The study's general finding on this point is encapsulated in the comment of one respondent: "Once you've lived

Most of the group had some experience sharing housing as adults (aside from living with a husband and/or young children): while about a third (31.6%[22]) said they had never shared, the rest had shared in their youth (before age 30 -- 39.7%) and/or in their middle years (32.8%), usually with friends. Very few (8%) had shared housing in the recent past. About 40% of the informants who had shared remembered enjoying the experience; others felt neutral (about 15%) or had not enjoyed sharing (about 15%), and roughly a quarter said that their feelings had varied with the situation.

In most instances the last person the respondent had lived with was her husband (33.3%) or children (10.3%), and in most cases she had ended up living alone when her husband, parent or roommate died (43.1%) or her children left home (6.9%). For the majority of those (68.4%) who had lived with others at some point in their lives, living alone appears to have been a residual lifestyle, the result of circumstances (e.g. death) or of actions taken by others (e.g. children or sharers moving out). Only 13 respondents (7.5%) reported initiating an arrangement to live by themselves.

Satisfaction with Living Alone. Three quarters of the respondents stated that they were very satisfied with living alone; another 19% said they were "somewhat" satisfied. Less than 5% said they were somewhat dissatisfied or very dissatisfied. Mean on this 4-point scale was 3.7; standard deviation was .674; median and mode were both 4. When asked to elaborate on their answers, most (28.2%) simply reaffirmed that they felt very positive about living alone or mentioned that they enjoyed the freedom, independence and privacy experienced (27%). Just under 10% expressed resignation, indicating that they had "gotten used to it."

In an effort to explore further the issue of satisfaction, respondents were asked:

> At this time of your life, if you could have your ideal living arrangement, would you:
>
> _____ (2) continue to live alone, or
> _____ (1) prefer some other living arrangement (specify)?

Results for this question are similar to those for the previous one: 81.6% of the sample stated they would prefer to live alone. Of the 28 women (16%) who mentioned another desired arrangement, most wished they could share with an "ideal" other person (11), or find a place with a care component or meals provided (6). Others wished they could be nearer to family and friends (5) or live with family (3).

The Experience of Living Alone. An important goal of the study was to describe the experience of living alone from the perspective of older women in order to understand more clearly the subjective factors underlying a sociodemographic phenomenon. For this reason a number of exploratory questions were

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alone for a while, you're hooked!"

[22] Data for these questions may not be entirely accurate. It appears that some respondents (approximately 5) who said they had never shared meant they had never had non-family members living within their nuclear family.

asked about what the respondents liked and disliked about living alone, the problems they experienced, if any, and their methods of managing those problems. In particular, attempts were made to clarify the importance of *privacy* and *independence*, which recur in the literature almost like axioms, rarely defined or even examined in any depth.

It should be said at the outset that the all participants -- interviewees, researchers and the project leader -- often had to struggle with these questions, which were fairly abstract, seeking to get under the surface meaning of the answers. In addition, since questions which are conceptually different, such as "What do you like most about living alone?" and "What is your personal definition of *privacy*?" tended to elicit the same answer, respondents often found themselves frustrated with the repetitiousness of the discussion in this part of the interview. All strove valiantly on, however, and a coherent body of information began to build up, interpreted and given shape in meetings among the researchers, and confirmed by the respondents in the feedback workshops (discussed below).

A thematic analysis of the answers to these questions was done by developing a code book based on the content in the responses. When it became apparent that many responses were repeated from question to question, the same categories were re-used for convenience in analysis.

When asked *what they liked most about living alone*, almost half the respondents (48.3%) stated, usually in so many words, "I like being able to do what I want to do when I want to do it."[23] Other expressions which were coded the same way were: "I have control of my own life," "I like the freedom." A quarter gave a specific example of the same, such as "I can get up whenever I like," or, "I can watch television whenever I like." In all cases the theme was a general lack of constraint in one's daily life. Some mentioned narrower ideas such as being able "to come and go as I please" (10.9%) and having "no obligations to others" (14.9%). Others spoke more conceptually of privacy (17.2%) or independence (27.0%).

The more abstract questions about one's *definition of privacy and independence* elicited essentially the same set of answers as the previous question, as shown in Table 9 below:

Table 9: Factors Liked about Living Alone

No.	Question	#	%*
18	Like most about living alone		
	privacy	30	17.2
	independence	47	27.0
	can do what I want when I want	84	48.3
	specific example of above	44	25.3
	come and go as I please	19	10.9
	no obligations to others	26	14.9

[23] Identical phraseology is reported by Rubinstein et al. (1992).

20	Definition of privacy		
	can do when I want when I want	69	40.2
	specific things I can do	41	24.1
	no obligations to others	23	13.3
	solitude (positive)	31	17.9
21	Definition of independence		
	same as privacy	35	20.2
	can do what I want when I want	52	29.9
	being capable of doing things	27	15.5
	enough money to do what I want	21	12.1
	looking after yourself	53	30.6
	being your own boss	23	13.3
22	Why privacy /independence so important		
	depends on individual/don't know	18	10.4
	long term lifestyle, set in ways	23	13.3
	no need to care for others	20	11.6
	reward for lifetime's work	30	17.2
	can run your own life	19	11.0
	pride, self-reliance	36	20.7
	no one bosses you	19	10.9

* Percentages do not total 100 because factors are selected from a larger set and include multiple responses.

The table shows how often the theme of lack of constraint, being able to do "what I want to do when I want to do it" without obligations to others, recurred in the answers to subsequent questions. Analysis of the coded responses shows that 154 respondents (88.5%) made this point at least once while answering questions 18 - 22. *Privacy* appears to be virtually synonymous with this repeated theme, with an added concept of the enjoyment of solitude. *Independence* appears also to have much the same content, although with additional connotations of individual competence or capacity to carry out one's own wishes.

The relatively low response to the question (#22) as to *why privacy and independence are so important* appears to reflect respondents' fatigue after a series of abstract questions, but the seeds of the later discussion are there: more than a quarter of the respondents mentioned no further need to care for others, that living alone was a reward for a lifetime's work. Another 22% spoke of the related matter of not being "bossed," of being able to run one's own life. Twenty percent spoke of the importance of pride and self-reliance, while some simply said that they had been living alone for a long time and were used to it.

Respondents were also asked to describe the *problems* they experienced with living alone. Almost half (47.7%) stated they experienced no particular problems with their living arrangement, a proportion which would be expected given the high level of satisfaction and enjoyment which were also expressed. The most prevalent concern was problems resulting from ill-health, stated either generally (10.4%) such as problems shopping for groceries when one was ill, or specifically (12.1%) such as not being able to read instructions because of poor eyesight, or not being able to do housework because of arthritis or a bad back. Another difficulty mentioned was home maintenance: repairs, yardwork, heavy lifting, washing windows. Problems which were *not* mentioned to any great degree in response to these open-ended questions were loneliness (8.7%) and boredom (1.1%).

When asked about *worries or fears* associated with living alone, again half of the group (48.9%) declared that they had no particular concerns. The issue of health was somewhat more prominent in this question, since 15.5% mentioned general worries while 20.1% had specific fears, for instance of having a heart attack or stroke, or falling and not being found. Security and the fear of intruders was brought up by 10.9% of the respondents.

A variety of methods was used *to cope with the problems and worries of living alone*. While 21.3% had no special way of dealing with such issues, others mentioned two particular approaches, both primarily focused on preventing loneliness or boredom: one was keeping active, expressed either generally (12.1%) in terms of keeping busy or getting out often, or specifically (19.0%) by mentioning particular activities or solutions (e.g. I knit, I like to read...). The second approach was to keep up one's social contacts. This was expressed in general terms by 12.6%, and more specifically in terms of telephone contact by 11.6%. A few others (6.9%) mentioned other activities, e.g. taking trips or playing bridge. Services which addressed health or mobility needs (e.g. homemaking help, food delivery, adult day care, mobility aids) were referred to by 12.6% of the interviewees.

The reader may note that although loneliness and boredom are not cited to any great extent as concerns in living alone, many of the coping methods mentioned deal with preventing those two potential problems. This pattern raises, once again, the issue of maintaining social health if one's health and energy fail.

Because of methodological concerns, such as the possibility that respondents might not be entirely candid with interviewers, or that they might be denying, even to themselves, the problems and risks of living alone which seem so evident to others, the whole issue of the *problems of living alone* was explored once more in the study. As mentioned before, the 79 women who participated in the feedback workshops were asked, at the end of the discussion, to help by answering an 11-item question which listed problems commonly thought to be experienced by older people living alone.

The two-page sheet contained a space for the date, but required no identifying information. Respondents were told the purpose of the supplementary question ("We need to show that we have addressed the possibility of problems in living alone without your having any worries about confidentiality") and asked to check off one of the three possible responses to each problem listed ("For each, please check whether,

for you, it is a problem a lot of the time, some of the time, or rarely/never"). The forms were filled out immediately and handed in before the participant left the meeting. A copy of the questionnaire appears in Appendix 3. Table 10 shows the frequency distribution and the means for this question.

Table 10: Frequency Distribution and Mean Responses to Problems Question (n = 79)

Problem	#	%	Mean (of 3)
Boredom			
a lot of the time	1	1.3	
sometimes	20	25.3	1.29
rarely/never	56	70.9	
missing	2	2.5	
Loneliness			
a lot of the time	2	2.5	
sometimes	25	31.6	1.37
rarely/never	51	64.6	
missing	1	1.3	
Eating Too Much[24]			
a lot of the time	4	5.1	
sometimes	27	34.2	1.45
rarely/never	47	59.5	
missing	1	1.3	
Eating Too Little			
a lot of the time	5	6.3	
sometimes	20	25.3	1.38
rarely/never	55	68.4	
missing	0	0.0	
Too Much Alcohol			
a lot of the time	0	0.0	
sometimes	2	2.5	1.03
rarely/never	76	96.2	
missing	1	1.3	

[24] The questions on eating too much or too little and on alcohol consumption were prefaced with the words "temptation to..."

Problem	#	%	Mean (of 3)
Feeling Useless			
a lot of the time	4	5.1	
sometimes	25	31.6	1.43
rarely/never	48	60.8	
missing	2	2.5	
Watching Too Much TV			
a lot of the time	5	6.3	
sometimes	31	39.2	1.52
rarely/never	43	54.4	
missing	0	0.0	
Sleeping Too Much			
a lot of the time	3	3.8	
sometimes	19	24.1	1.32
rarely/never	56	70.9	
missing	1	1.3	
Sleeping Too Little			
a lot of the time	12	15.2	
sometimes	40	50.6	1.86
rarely/never	22	27.8	
missing	5	6.3	
Fearing Intruders			
a lot of the time	2	2.5	
sometimes	19	24.1	1.29
rarely/never	57	72.2	
missing	1	1.3	
Fearing Illness			
a lot of the time	6	7.6	
sometimes	40	50.6	1.67
rarely/never	32	40.5	
missing	1	1.3	

The table confirms in outline the information presented in the more open-ended format of the interview questions. While more respondents admitted to occasional boredom or loneliness in the forced-choice question than spontaneously mentioned it to the interviewer, still only a quarter acknowledged occasional boredom, and less than a third said they were sometimes lonely. These two problems were frequent for only a very few. The major concerns (i.e. with means above the middle of the scale) were insomnia,

which half experienced at least sometimes and another 15% frequently, and fear of getting sick with no one knowing, which occurred for more than half the respondents at least sometimes. The only other "problems" with means at or near the middle of the scale were the temptation to eat too much, and occasionally watching too much television.

A principal components analysis was performed on the data from the problems questionnaire, yielding two interpretable factors of interest: the first linked boredom, loneliness, feeling useless and, to a lesser extent, sleeping too much; the second related insomnia and fearing sickness. Factor loadings are shown in Table 11 below:

Table 11: Factor Loadings of Problems Question

Variables	Loadings	
	Factor 1	**Factor 2**
Boredom	.370	
Loneliness	.342	
Too Much Alcohol	-.217	
Feeling Useless	.353	
Sleeping Too Much	.240	-.209
Sleeping Too Little		.600
Fearing Illness		.434

The concurrence of items in Factor 1, which may be considered an *isolation* factor, suggests that the strategy of keeping busy developed by many of the respondents is a well-based approach to supporting morale. The factor which includes sleeping too little and fear of illness appears to be an *anxiety* factor.

To summarize, exploration of the problems experienced in living alone, using both closed-ended and open-ended questions, suggests that living alone is not especially problematic for the older women in this sample. Although boredom and loneliness are sometimes experienced by a minority, and are often the focus of a defined prevention strategy, the salient issues seem to be health-related: problems resulting from current poor health and/or worry about coping with an accident or illness without help. This latter worry also appears to be correlated to insomnia ($r = .418$). Another difficulty is limitation of day-to-day activities, especially home maintenance tasks, because of health or mobility limitations. Principal components analysis suggests that the major areas of concern are potential isolation and health-related anxiety experienced as insomnia and fear of being ill with no one knowing. However, it should

be kept in mind that all of these problems appear to be experienced to a limited degree and by somewhat less than half the sample. For instance, discussion of loneliness in the interviews and workshops was often prefaced by the statement that "everybody gets lonely sometimes, but it's not a big problem."

Future Plans and Options. An issue of some conceptual importance both in the gerontological literature reviewed above and for policy and practice in an aging society is the question of what people will do when they can no longer meet their needs while continuing to live alone. Exploration of this question includes such considerations as: the individual's right to remain at risk, available and potential housing options, the market for supportive housing, the cost of home support services, and the efficacy of quick response teams.

Critical to this subject is the choice behaviour of elderly people with regard to their housing and living arrangements. For instance, although demographics suggest that with increasing numbers of elderly there should be a large market for congregate housing, in fact the reluctance of many older people to accept the expenditure required, even if they can afford it, has left many facility owners with less than full occupancy. Likewise, although programs are available to assist older people in modifying their homes to accommodate changing mobility needs, (e.g. installing grab-bars or ramps) research by Wister (1988) has shown that the majority are likely to adapt their behavior and lifestyle rather than their homes.

Therefore, a portion of this study was directed towards ascertaining the respondent's own view of the options open to her in the case of illness or frailty. Firstly, she was asked outright what she thought she would do "if circumstances changed and you were no longer able to completely take care of yourself." The stock response to this question was that she would go to a care facility. This answer was given by 56.1% of the sample, and another 11% stated that they had already made a specific arrangement or had a particular facility in mind. Fewer than 10% intended to seek help to remain at home (and it will be remembered that 80% of these respondents were already receiving in-home assistance). Only 2.9% had any intention of moving in with their children.

When asked whether they had recently "either casually or seriously" considered ceasing to live alone, the vast majority (85.1%) said they had not. Less than 10% said they had casually considered it, but only 7 individuals (4%) had thought seriously about sharing housing with someone else. Asked to expand on their answer, most (39.1%) described themselves as content with their current situation. Others (14.9%) reiterated their preference for independence and privacy. About a fifth (20.7%) simply indicated that they were generally not interested and another group (9.2%) saw the situation in terms of bother: they didn't want to bother others or be bothered themselves. Only 10 women (5.7%) mentioned that their reluctance stemmed from not having anyone feasible to live with.

Thoughts about what might be difficult in sharing were varied, ranging from general dislike of the idea (16.1%) or a vague sense of bother at the thought of having anyone else around (14.4%), to unspecified fears of incompatibility or conflict (20.1%) or more focused concerns such as differing tastes in food or standards of cleanliness (12.1%). About a quarter (24.1%) cited the effort of adjusting to others, saying they themselves were (or "old people" were) "set in their ways." Once again a sizable portion cited the possible loss of privacy and independence (24.7%) with examples such as having to be dressed at all

times, not being able to sleep in and so forth. Fifteen percent attributed their reluctance to their personal limitations, such as being shy, a "loner," or tense with others.

Ideas about what one might *enjoy* about sharing were much less varied. Although 36.2% could think of nothing positive about sharing, almost a third (31.6%) mentioned the companionship of others; another 21.2% mentioned that they would enjoy sharing activities such as entertainment, playing cards and eating together. The problems of cooking for one person and the dislike of eating alone on a regular basis were frequently mentioned here, and in the feedback workshops as well.

Although, as mentioned above, going to a "home" or care facility was the most common vision for the future if health failed, most respondents were able to muster some response to other possible options when presented with them, as shown in Table 12.

Table 12: Frequency and Percent of Responses to Seniors' Housing Options

No.	Question	#	%*
53	Is living with your children an option?		(/124)
	completely out of the question	69	55.6
	can do if necessary	31	25.0
	can do anytime I want	21	16.9
	missing	3	2.4
	no children	50	
53a	Why do you say that?		(/124)
	can but don't want to	40	32.2
	children have their own lives	20	16.1
	problems in children's situation	30	24.2
54	Opinions about seniors' housing		
	general positive	55	31.6
	would like it with optional meals	45	25.9
	general negative (not for me)	41	23.6
55	Opinions about Abbeyfield option		
	positive/very positive	80	46.0
	contingent positive (okay if...)	18	10.3
	general negative	46	26.5

* Percentages do not total 100 because of multiple responses

Respondents who had children (n = 124) were given three response options to the question: "To what extent do you feel that *living with one of your children is a real option for you?*" The largest proportion of respondents (55.6%) chose the statement that living with their children was "completely out of the

question." A quarter felt living with their children was something they could do if it became necessary, and another 17% or so said that they could do so anytime they wanted.

When asked to elaborate on their answer to this question, about a third of the group simply stated that they could live with their children if they wished but had no desire to. Some, about 16%, fell back on general principles such as: my children have their own lives, it wouldn't be fair to them, two generations don't mix, or women can't share a kitchen. Others (24%) cited reasons in their children's situation which prevented sharing with them: e.g. their house is too small, they live too far away, the son is not married, small children, daughter works, another parent living with them, etc. This is one of the few places in the interview where the researchers reported sensing defensiveness in some respondents. The factuality of the reason given is not necessarily in dispute, but there was occasionally the feeling that the interviewee needed to justify the fact that there wasn't a place for her in her children's homes.

Finally, interviewees were asked their opinions about *seniors' housing options* which combined private suites with "compatible people nearby," and more specifically about the Abbeyfield option.[25] With respect to seniors' housing options, most (31.6%) had a general positive response along the lines of "that sounds like a good idea." About a quarter more (25.9%) specifically liked the notion of seniors' housing with optional meals, but a general negative ("not for me") was expressed by another quarter or so (23.6%). Abbeyfield, on the other hand, attracted almost half of the respondents with what coders assessed as a positive (37.4%) or very positive (8.6%) response, and another 10.3% gave a contingent positive ("okay if the people are compatible, if I could have my own bathroom..."). Again, about a quarter (26.5%) expressed generally negative feelings about the idea.

At the end of this section, a broader question was asked about what kind of housing or living arrangement would be helpful for people who were frail or isolated but did not need the services of a care facility. The response from interviewees was varied, with few categories collecting more than 10% of responses. Although some mentioned Abbeyfield (13.2%), private units with meal service (16.0%), or specific design adaptations (e.g. ramps), just as many (16.1%) answered that they didn't know.

This vagueness in the responses may be the result of a very conceptual question, removed from interviewees' immediate experience or interest. On the other hand, the result could equally be reflective of their lack of first-hand knowledge of seniors' housing options, since the range of those which actually exist in Vancouver is limited, and the range of those which are affordable to most of the women interviewed is even smaller. The more frequent mention of congregate housing (independent units with meals available) and in particular the positive response to Abbeyfield probably reflect greater knowledge of these options, which are beginning to appear in the Vancouver area. Discussion among the researchers highlighted this lack of knowledge about housing options in general and the lack of real options for people with moderate to low incomes. A strong consensus emerged in the research group that

[25] Abbeyfield was described to them as follows: In an Abbeyfield house, a person has her own private room and bath, but other living areas are shared. A housekeeper is provided, but the decisions within the house are made by the people who live there.

thinking among the respondents was very dichotomous -- either I stay by myself or I go to a care facility. Little consideration appeared to be given to possible steps in between.

Summary: Attitudes to Living Alone. In the questionnaire, the section on living alone as such ended with a series of Likert-type items presenting attitudes to living alone drawn from both the literature and the ongoing discussion with the women in the research group. Respondents were asked to give their *first* response on a 5-point scale ranging from *agree strongly* to *disagree strongly.* Means of the individual items are shown in Table 13 below:

Table 13: Mean Response to Scale Items on Attitudes to Living Alone

Item *1 = strongly disagree* *5 = strongly agree*	**Mean**	**St. Dev.**
Most people don't have much choice about living by themselves.	3.4	1.5
Older people should live on their own until they simply can't manage it any more.	4.3	1.0
I like my privacy so much that I would hesitate to share even with someone very close to me.	4.4	1.1
I would prefer to live with my [children or other] relatives if it were possible.	1.7	1.2
I'm just not used to making decisions by myself.	1.8	1.4
Older people have earned the right to be taken care of in later years by their family.	2.3	1.5
I worry about eventually having to go to an institution.	3.1	1.6
*A person's children are apt to be so different in their values and interests that it would be hard to share day-to-day life in the same household with them.	4.1	1.4
I'm going to stay where I am till they carry me out.	3.8	1.5
The government should provide old people with whatever they need to remain living by themselves.	3.8	3.8
My main reason for living alone is to preserve my privacy and independence.	4.7	0.8
I don't think about the future much. It will take care of itself.	4.1	1.3
I find I don't want to adjust to anyone's habits.	4.5	0.9

Item *1 = strongly disagree* *5 = strongly agree*	Mean	St. Dev.
For the time I have left, moving just doesn't seem worth the effort.	4.0	1.3
*A person gets along much better with her children if they live separately.	4.6	0.8
I think the supports I have right now will carry me a long way into the future.	4.6	0.8
I would like to make a change in my living arrangements but I don't know where to start.	1.7	1.7
If you live by yourself, you keep control of your everyday life.	4.8	0.5
*If a person lives with her children people are apt to think there's something wrong with her.	2.5	1.5
In the past, older women would have lived by themselves if they could have afforded it.	4.4	0.9
I worry that the time will come when someone else will take control of my life.	2.8	1.5
I would be interested in sharing if I could find the right person.	2.0	1.4
For an older women, there just don't seem to be many alternatives to living alone.	3.4	1.3
The disadvantages of living alone are a small price to pay for the freedom to do *what* I want *when* I want.	4.7	0.7
*If I lived with my children I would be afraid of becoming a burden.	4.5	0.9
If you share accommodation with someone you might be taken advantage of.	3.4	1.3
At this time in my life I find solitude is very important to me.	4.5	1.0

* Not asked of respondents who did not have living children.

It is interesting, firstly, to look at the items in this scale which respondents tended *not* to agree with. The first is the preference to live with one's children or relatives, which showed a mean response of 1.7, confirming results from other questions (e.g. Q. 53). A similarly low level of agreement (mean = 1.7) was found for the idea that "I would like to make a change in my living arrangements but I don't know where to start." Nor did respondents appear to feel incapable of making big decisions, such as whether to move (mean = 1.8). Likewise, the notion that one would share if only the right person could be found had a mean of 2.0. A suggestion in the data that moving would require more exertion than seems worthwhile under the circumstances: -- "For the time I have left, moving just doesn't seem worth

the effort" (mean = 4.0) -- supports the finding that living alone is not a particularly burdensome living arrangement, for these women.

The argument in the literature that elderly women are primarily obeying a norm for separate living appears to be contradicted by the mean for "If a person lives with her children people are apt to think there's something wrong with her" (2.5). However, the high mean for "Older people should live on their own until they simply can't manage it any more" (4.3) is consistent with previous findings that living alone is seen as the appropriate lifestyle for older women.

The low means on these items support the data from other questions in the interview and appear to confirm the perception that for many older women living alone is not the consequence of abandonment and lack of choice, but rather something approaching liberation. Whatever the pathways which brought the respondents to live alone, they express a clear preference for this lifestyle once they have gotten used to it, and the basis for that preference seems to be the freedom to manage their own lives and their own aging.

This conclusion is supported by high means on items showing positive preference for living alone, such as:

- I like my privacy so much I would hesitate to share even with someone very close to me (4.4).

- In the past, older women would have lived by themselves if they could have afforded it (4.4).

Other items with high levels of agreement suggest that motivations behind the preference for living alone include:

Desire to sustain one's current lifestyle:

- If you live by yourself, you keep control of your everyday life (4.8).

- I find I don't want to adjust to anyone's habits (4.5).

- A person's children are apt to be so different in their values and interests that it would be hard to share day-to-day life in the same household with them (4.1).

Desire for freedom

- The disadvantages of living alone are a small price to pay for the freedom to do *what* I want *when* I want (4.7).

- My main reason for living alone is to preserve my privacy and independence (4.7).

Desire to maintain good relations with one's children

- A person gets along much better with her children if they live separately (4.6).

- If I lived with my children I would be afraid of becoming a burden (4.5).

and a *love of solitude*:

- At this time in my life I find solitude is very important to me (4.5).

With regard to the future, high agreement was shown with items stating that current supports would be sufficient for some time (mean = 4.6) and that the future would take care of itself (4.1), and correspondingly lower levels of worry about eventually being institutionalized (3.1) or having someone taking control of one's life (2.8).

A principal components analysis was performed on the items in this question. The analysis yielded three interpretable factors as shown in Table 14:

Table 14: Factor Analysis of Items on Attitudes to Living Alone

Items	Loading
FACTOR 1	
My main reason for living alone is to preserve my privacy and independence.	.791
At this time in my life I find solitude is very important to me.	.736
I think the supports I have right now will carry me a long way into the future.	.643
The disadvantages of living alone are a small price to pay for the freedom to do *what* I want *when* I want.	.575
FACTOR 2	
For the time I have left, moving just doesn't seem worth the effort.	.750
I'm going to stay where I am till they carry me out.	.673
A person gets along much better with her children if they live separately.	.529

Items	Loading
If I lived with my children I would be afraid of becoming a burden.	.493
I would like to make a change in my living arrangements but I don't know where to start.	.487
FACTOR 3	
I find I don't want to adjust to anyone else's habits.	.661
I like my privacy so much I would hesitate to share even with someone very close to me.	.657
I would be interested in sharing if I could find the right person.	-.558
I would prefer to live with my [children or other] relatives if possible.	-.528

Factor 1 was the subject of much discussion among the researchers. It is clearly a factor which supports suggestions in the literature that desire for privacy and independence are a very strong elements in the choice to live alone. Yet the group had set out to discover the *underlying* issues, the reasons why privacy and independence appeared to have such strong motivational power that elderly women would put themselves at considerable risk, objectively speaking, to continue living by themselves. The purpose of the study had been to ask older women themselves why it was so important to live alone, but so pervasive was their explanation that "I want to do what I want to do when I want to do it" that this phrase appeared to be supplanting the academic catchword "privacy-and-independence" as a proposed exegesis, without actually adding any more information.

In the end, the key appeared to be a process of shifting one's perspective akin to seeing a glass as half empty, then suddenly as half full. When one woman during a heated discussion said, "Listen, these women have spent all their lives taking care of others and they're saying **'it's my turn now'**," all the pieces of the puzzle seemed to fall into place. This viewpoint suggests that for this generation of older women the choice to live alone is neither a withdrawal from the world nor a defense against it; rather it is a choice to nurture oneself after a lifetime's work for others.

Factor 2 appears to portray more ambivalence, although it should be remembered that the mean response (1.7) to the statement, "I would like to make a change in my living arrangements but I don't know where to start" represents disagreement. The items loading on this factor all deal with living alone *vis-a-vis* other options, that is, they deal with the *choice* to live alone. Relative to the prospect of moving, or relative to the relationship with one's children, the preference to remain as one is emerges clearly. This might be considered to support suggestions in the literature that a large amount of inertia underlies the phenomenon of living alone. However, the consensus in the discussion among the researchers labelled it rather, **comfort**, an enjoyment of one's present lifestyle.

Factor 3 appears to deal more specifically with the possibility of sharing one's accommodation with others, and the option is roundly rejected.

In short, both mean scores and factor analysis of Question 57, whose items reflect a broad range of the possible attitudes towards living alone, support the conclusion suggested from more qualitative questions, that living alone is a positively-chosen and to a large extent satisfactory lifestyle for most of the older women who participated in the study.

B. Family Member Questionnaire

In this section, highlights of data from the family questionnaire will be presented. For convenience, comparison with data from respondents to the main questionnaire, and other analysis where relevant, will be made in the course of outlining the frequency distribution. It should be mentioned here that, although it would have been preferable to structure questions identically in the two questionnaires in order to provide a stable basis of comparison, in a number of places this would have mitigated the effectiveness of the family interview. For instance, in some cases the wording used with the older woman was not appropriate for the other questionnaire. Comparisons between the two should therefore be considered indicative only.

Sample: Respondents to the family questionnaire (n = 69) were 42 people (60.9%) who were children of the main respondents, 17 other family members (24.5%) and 10 (14.5%) who characterized themselves as friends or "others". Fifty-two (75.4%) of the respondents were female, the other 17 were male. Their mean age was 53.2 years, range: 28 - 80. Only 13 of the respondents had known the respondent for fewer than 30 years, only 3 for less than 15.

Other sociodemographic characteristics of the family respondents are shown in Table 15 below:

Table 15: Sociodemographic Characteristics of Family/Friend Respondents (n = 69)

No.	Question	Freq.	%*
1	Relationship		
	child	42	60.9
	other relative	17	24.5
1a	Years known		
	less than 15	3	4.3
	less than 30	10	14.5

No.	Question	Freq.	%*
20	What does she *need* from you now?		
	social/family contact, affection	54	78.3
	help/monitoring	21	30.4
	compassion/understanding	21	30.4
21	What does she *give* to you?		
	mothering, love, support	41	59.4
	family function (e.g. grandparent)	14	20.3
	friendship	30	43.5
22	Gender of respondent		
	female	52	75.4
	male	17	24.6
23	Age: mean	53.2	
	range	28-80	
24	Living situation		
	with spouse only	14	20.3
	with spouse and adult children	8	11.6
	with spouse and dependent children	23	33.3
	alone	16	23.2
25	Employment status		
	work fulltime	36	52.2
	work parttime	9	13.0
	no paid work	24	34.8
26	Volunteer work		
	no	45	65.2
	yes	24	34.8
	(mean # hours per month)	(16)	
27	Education level		
	high school completion	22	31.9
	post secondary qualification	38	55.1
28	Employment type		
	housewife	28	40.6
	professional/managerial	21	31.8
	clerical/sales/personal/other	9	27.5

No.	Question	Freq.	%*
29	Respondent's own health		
	excellent	26	37.7
	good	32	46.4
	fair/poor	11	15.9
30	Income level		
	$30,000 +	37	53.6
	$15,000 - 29,999	15	21.7
	less than $14,999	6	8.7

* Percentages do not total 100 because of multiple responses

The table shows a relatively mainstream group of respondents: most (65.2%) living in conventional families with or without children at home; about two thirds working fulltime or part-time, almost half of those (46.6%) in a professional or managerial capacity, and just over half (53.8%) of the women working at home as housewives; a little more than half had household incomes of $30,000 or more. Interestingly, for a relatively young group, almost half of the family respondents characterized their health as good rather than excellent.

Their mother's/relative's/friend's situation. (For convenience, the main respondent will hereafter be referred to as the "mother" and the family member or friend as the "child" or "family respondent.") Highlights of family respondents' opinion of their mother's situation are shown in Table 16:

Table 16: Family Member/Friend's Opinion of Main Respondent's Situation (n = 69)

No.	Question	Freq.	%*
2	Perceived health of relative		
	Excellent	10	14.5
	Good	28	40.6
	Fair	24	34.9
	Poor	7	10.1
3	General opinion		
	Fine on her own	50	72.5
	Should move but up to her	17	24.6
	Trying to get her to move	1	1.4
	Missing	1	1.4
6	Ideal situation for her		
	What she has	51	73.9
	Minor changes in what she has	9*	13.0
	She should make a change	16	23.1

No.	Question	Freq.	%*
7	Degree of choice in living alone		
	Actively prefers	54	78.3
	Just happened	9	13.0
	Little choice	5	7.2
	Missing	1	1.4

* Includes some multiple responses.

As the table shows, more than half (55.1%) of the respondents felt their mother's health was excellent or good, most often the latter. Only 10% saw her health as poor. These proportions are virtually identical to those of the women themselves, which were 55.2% as excellent/good and 8% as poor. Dependent t-test of the discrepancies shows that although the mothers rated their health higher than their children did (means of 2.71 vs. 2.59), the difference was not significant ($p < .1$). Almost three-quarters thought their mother was fine living on her own. Most of the rest said they believed she should move, but only one respondent was concerned enough to be actively promoting that decision.

Some of their mothers themselves, on the other hand, had a slightly different perspective about the children's opinions: while 55 of the 67 (82%) whose children answered that question had the same perspective as the children, the other 12 (18%) differed somewhat. Ten women (14.9%) whose children said they should move, thought themselves that their children believed they were fine on their own. In only two cases were the opinions of mothers and children completely at variance: one woman said her children thought she was fine, while they reported encouraging her to move; the other pair diverged in the opposite direction.

Similarly, three-quarters of the family respondents also characterized their mother's present situation as ideal for her. By far the largest portion of the family members interviewed believed that their mother actively preferred to live alone. Comparison of these responses with information given by the mothers (Qu. 47 of the main questionnaire) shows that almost two thirds (44 = 65.7%) of the 67 parent-child pairs which could be established agreed that living alone was a definite and active choice for the older woman. Three others showed consensus as well, one pair agreeing that the older woman had little or no choice in the matter, two others that living alone was something that "just happened." This brings the portion who showed substantial agreement between the older woman and the family member to 70.1%.[26] No notable pattern exists in comparing the rest of the sample: in 9 instances (13.4%) the child stated that the woman actively preferred to live alone, but the mother mentioned various options indicating lack of choice; in 4 cases (6.0%) the opposite pattern was shown.

[26] The questions were not structured identically in the two interviews, the main questionnaire having 4 response options, and the family questionnaire only 3. The extra option in the former suggested living alone was the result of lack of alternatives.

Her social networks. Family respondents were asked to assess their mother's situation with regard to social support. The data from these questions are presented in Table 17 below:

Table 17: Family Member/Friend's Assessment of Main Respondent's Degree of Social Support (n = 69)

No.	Question	Freq.	%
4	Social Network		
	Large	40	58.0
	Limited	26	37.7
	Isolated	3	4.3
8	Description of relationship		
	Do what I can as a friend	5	7.2
	Other obligations in the way	17	24.6
	She's protective of privacy	9	13.0
	No need for support	18	26.1
	Equal sharing	16	23.2
	Other	4	5.8
9	Frequency of visits/calls		
	Daily	24	34.8
	Several times/week	29	42.0
	Several times/month	13	18.8
	Monthly or less	3	4.3
10	*Her* feeling about this frequency		
	Too often	1	1.4
	Often enough	31	44.9
	Not often enough	36	52.2
	Missing	1	1.4
11	*Your* feeling about this frequency		
	Too often	1	1.4
	Often enough	42	60.9
	Not often enough	26	37.7

Fifty-eight percent of family respondents stated that their mother had a large social network; more than a third thought it was limited, but less than 5% characterized her as isolated. With regard to their own contacts with their elderly family member or friend, respondents were first asked (in Question 8) to choose a characterization of his or her own relationship with the main respondent in this regard. About

a quarter thought their mother had no particular need of social support from them; another quarter felt the relationship was one of "pretty well equal sharing." The other half expressed somewhat more mixed emotions, such as worry compounded by other obligations (a quarter), feeling unable to help because of the woman's protectiveness of her privacy (13%) or not having either the rights or responsibilities of family to intervene ("I do what I can as a friend" -- 7.2%).

Asked to specify how often they saw their mother or spoke to her on the phone, almost 77% stated that they made contact at least several times a week; another 19% did so several times a month. As to satisfaction with the stated frequency, almost 45% felt it was often enough *for their mother*, but more than half (52%) thought she would wish to see them more often. Comparison of this statistic with the mothers' responses shows that about the same proportion of mothers (49.4%) expressed satisfaction with the frequency of family visits in general, but a smaller fraction (39.7%) actually expressed dissatisfaction.[27] Comparison of individual mothers with their own children shows a correlation of .272 ($p = .02$, 1-tailed).

For themselves, on the other hand, 61% were satisfied with the frequency of contact, but almost 38% felt they did not see their mother often enough. It is interesting to note that although the portion of children who thought their *mother* was dissatisfied was 52%, in fact the proportions of both mothers and children stating that they did not see the other often enough is actually about the same at 38-40%.

Responsibility and Plans for the Future. The family questionnaire contained a section designed to discover what sense of responsibility the family member or friend felt for the present and future wellbeing of their mother, relative or friend. Firstly, a six-item scale specified areas of potential responsibility: financial, social, emotional, and physical wellbeing, responsibility for provision of small services and for future decisions if the older woman could no longer adequately care for herself. Each item had three possible responses ranging from *minimally* through *somewhat* to *very responsible*, giving a total of 18 points for the responsibility items as a set.

An interesting pattern of the sense of responsibility emerged from the data for this question set. The mean was at about the two thirds point (11.8). However, while most items showed an unremarkable distribution, responses clustered for three areas of responsibility. While family respondents as a group appeared to feel minimal responsibility for the financial wellbeing of their mother, a response option chosen by almost three-quarters (73.9%), nearly half (47.8%) felt somewhat responsible for providing small services such as small repairs, shopping or transportation. Finally, more than 80% (81.2%) felt that responsibility for making a decision should the older woman no longer be able to care for herself would devolve upon them.[28] Another 11.6% felt "somewhat" responsible in the same circumstances.

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[27] Comparison between the main questionnaire and family questionnaire on the frequency and satisfaction with family contact is confounded by the selection factor, since only those family members were contacted whose mothers wished to give their names. In addition, because of an oversight in structuring the second questionnaire, these data can be considered suggestive only. The family member's response is for himself or herself alone, whereas the mother was being asked about contact with all family members.

[28] It should be remembered that a full 12% were not related to the main respondent.

Sixty-one percent of the family respondents said that they shared their responsibility with others; 30.4% felt they carried it alone. However, a large portion (73.9%) said they did not find this responsibility a burden, and another 15.9% gave a modified negative answer such as "sometimes" or "not really." A minority (11.6%) gave a qualified "yes" to this question, citing job or family obligations which made it difficult to help out. Three respondents (4.3%) gave a definite yes, stating that the older woman was demanding or unpleasant.

The interview then turned to what the family member or friend would do if the older women's strength failed to the point where, although not particularly ill or confused, she was no longer comfortable or safe living alone. This was an open-ended question and answers were recorded verbatim. Answers were then coded from two perspectives: first, what was the *action* envisaged, and second, who would control the *decision* which had to be made? The next question, structured with fixed responses, pushed the issue a bit farther by asking what would be done if the older woman were actually "confused or not managing to take care of herself." Additional questions dealt with the family member's willingness to have their mother live with them, and with their perspective on the latter's desire to do so. The data from these questions are presented in Table 18.

Table 18: Family Member/Friend's Perceived Options in Case of the Disability of the Main Respondent

No.	Question	Freq.	%*
15	What you'd do if she's not comfortable or safe alone (but not ill or confused.		
	a. *Alternative envisioned*		
	general: "arrange care"	19	27.5
	find a care facility	26	37.8
	have her live with family	12	17.4
	b. *Who controls the decision*		
	"help her arrange"	7	10.1
	"find a place she'd like"	17	24.6
	"insist she go into care"	28	40.6
	"family would decide"	12	17.4
16	What you'd do if she couldn't care for herself.		
	have her live with you	7	10.1
	arrange home support	9	13.0
	arrange for care facility	30	43.5
	contact a family member	14	20.3
	call in authorities	5	7.2

No.	Question	Freq.	%*
17	Considered having her with you?		
	yes	28	40.6
	no	39	56.5
	missing	2	2.8
17a/b	Supplementary		
	can live with us when ready	12	17.4
	she prefers independence	14	20.3
	it wouldn't work	19	27.5
18	Would she like to live with you now?		
	yes	6	8.7
	no	62	89.9
	missing	1	1.4
19	Would she like to think she could live with you if health fails?		
	yes	35	50.7
	no	29	42.0
	missing	5	7.2

* Percentages may not total 100 because of multiple responses.

A little over a quarter of the family members surveyed answered in general terms that they would see to "arranging care" if their mother was no longer safe or comfortable living alone (Qu. 15). A larger fraction (38%) were more specific: they would find a care facility. Among the older women themselves, it will be remembered, the proportion considering a care facility as such as the favored solution was much higher at two thirds. Only 12 respondents (17.4%) said they would have their mother live with them.

The wording of the answers to this question was analyzed for indications of the anticipated locus of control for this decision, which was phrased specifically to *exclude* the possibility that the older woman was in a confused condition. As shown above, about 35% of respondents appeared to be thinking of their mother as making or at least participating in this decision: they would "help her to arrange...", or "find a place she'd like." Well over half of the responses (58%), however, suggested that the older woman would in fact lose control over the decision: they would "insist she go into care" or "the family would decide."

Question 16 indicates that in the more drastic situation of the older woman proving unable to care for herself, the preferred response is still a care facility. Home support was cited by only 13%, and living with the interviewee by only 10%. About a quarter, presumably respondents who were friends or not immediate kin, suggested that they would call in closer family members or "authorities."

Although 40.6% of the family members interviewed had at some time considered having their mother live with them, and some had even tried it, only 12 (17.4%) still felt that the older woman could live with them when she was ready to do so. Others cited either the main respondent's preference or their own conviction that it "wouldn't work" in stating that this idea was more or less out of the question. A wide variety of reasons was given why it wouldn't work, ranging from the age or ill-health of family members already in residence (including, for instance a handicapped child or an elderly parent-in-law), through the size and design of the house (e.g. no wheelchair access, inadequate bathroom facilities), to social or personal factors ("too many teenagers in the household","my wife and my mother don't get along") or the fact that all household members were out during the day. In some cases this judgement was based on the experience of an earlier attempt to share a household either with the parent in question or another older relative.

The vast majority of family respondents (89.9%) believed that their mother did not want to live with them at present, a statistic which recalls the 85% of the main respondents who stated they had never considered ceasing to live alone. Data are available for 54 of the mothers involved, i.e., their answers to Qu. 53 of the main interview: 20 (37%) of the mothers said living with their children was out of the question and 27 (50%) said they could do it if necessary. Five of the six mothers whose children said they thought the mother would like to live with them had actually said they could live with their children if necessary.

As to the future, *half* of the family members surveyed appeared to believe that their mother would like to live with them if her health failed. This statement appears to be at variance with the fact that only 2.9% of the elderly women in the main sample said they would move in with their children in that circumstance. This perception on the part of many of the family members or friends in fact appears to be at variance with the entire thrust of data collected from the elderly respondents as a group.

Reciprocity. At the end of the interview the family respondents were asked about what the older woman needed from and gave to them at this time in their lives. Responses, shown in Table 19, indicate in most cases a warm and reciprocal exchange of family feeling and in fact friendship.

Table 19: Reciprocity of Relationships between Main Respondents and Family Member/Friend

No.	Question	Freq.	%*
20	What does she *need* from you now?		
	social/family contact, affection	54	78.3
	help/monitoring	21	30.4
	compassion/understanding	21	30.4

21	What does she *give* to you? mothering, love, support family function (e.g. grandparent) friendship	 41 14 30	 59.4 20.3 43.5
31	*Coder's assessment*: respondent's feeling about relative Very positive Moderately positive Neutral Moderately negative Very negative	 5 40 16 6 1	 7.2 58.0 23.2 8.7 1.4

* Percentages may not total 100 because of multiple responses.

Finally, coders assessed the overall tone of the each interview schedule on a five-point scale according the apparent feeling of the family member or friend about the elderly woman in question. The table above shows that nearly two thirds were coded as showing moderately positive or very positive feeling. About 10% evinced some degree of negative feeling about their older relative or friend. A quarter were assessed as showing neutral affect. This assessment must, of course, be treated with caution, since the situation of a busy interview, by telephone, with a complete stranger was not conducive to confidences.

Summary. Review of the findings from the family questionnaire suggests a fair degree of knowledge on the respondent's part of their older friend's or relative's current situation and preference. Their estimate of her health is virtually the same as her own, and they appear to understand the degree to which living alone is her actively preferred lifestyle. About the same proportion of both groups appear to be satisfied or dissatisfied with the amount of contact between them, (though this conclusion is open to question on methodological grounds.)

Although appreciable fractions of the younger respondents felt the elderly woman had no particular need of social support from them, or that a fairly equal relationship obtained, about half the sample appeared to feel some worry complicated by inability to meet a perceived obligation to assist. This impression is strengthened by the fact that a considerably larger portion of the family members thought their mother was dissatisfied with the frequency of contact than was actually the stated case among the elderly respondents.

Family members' sense of being responsible for the older woman's welfare seems to focus particularly on the need to make a decision should her health fail. The alternative envisioned in that case is generally to "arrange care" or more specifically to find a care facility. Analysis of the wording of unstructured responses suggests that many would be prepared to remove the decision-making power from the elderly woman herself, even in a situation where she was neither ill nor confused, but simply no longer safe or comfortable living alone.

Although about half of family members interviewed felt somewhat responsible for assisting with small chores, three quarters of the sample said they felt minimal responsibility for the financial wellbeing of their mother or older friend.

A high proportion of family members believed that their mother did not want to live with them at present, confirming the information gained from the older women themselves in the main questionnaire. However, half of them believed she would like to think she could live with them if her health failed, a conviction not confirmed by data from the mothers as a group.

Finally, responses to open-ended questions about what is given and received between the family respondents and their elderly friend or relative suggest a generally warm relationship, a suggestion supported by coders' assessments of the tone of the interviews as a whole.

The picture which emerges from the family interviews, then, is of loving, generally reciprocal ties between generations who know and understand each other well, tinged here and there with more complicated feelings of responsibility or obligation on the part of the younger member and/or defensiveness on the part of the elder.

C. The Reinterview Questionnaire

The reinterview questionnaire, administered by telephone in the fall of 1991, was completed by 142 of the original respondents an average of 8 months after the original interview. Where possible, the reinterview was undertaken by the researcher who had carried out the original interview. Forty of those reinterviewed (28%) had participated in a feedback workshop at the time of the second interview. Review of reasons given by those who refused shows that the primary reasons given were ill health and press of other activities.

The interview schedule, to be found in Appendix 3, focused on three issues: perceived changes in health and wellbeing since the previous interview, changes in thinking about living alone and housing options, and the respondent's reaction to participating in the study itself. The Bradburn Affect Balance Scale was readministered.

The analysis of the reinterview data was focused on two matters: whether there were differences in the responses from the first and second interviews and whether any differences occurred between respondents who had and had not attended the feedback workshops. Data were also examined for variance by Source (VHD or non-VHD respondents) and according to the perceived degree of choice in living alone expressed in the second interview.

Data for the reinterviews will first be summarized, then comparisons with the main questionnaire and with regard to attendance at the workshop will be presented. Comparisons by source and degree of choice will be reported as appropriate, i.e. where significant differences occur.

1. Findings from the Reinterview Questionnaire

Recent Changes. In general, few changes had been experienced by the respondents in the 8 months between interviews. All but 4 still lived in the same place, 2 having moved to a different apartment, and 2 others having been admitted to care facilities; only the two latter no longer lived alone. Ninety-seven respondents (68.3%) said their health had remained the same; 26 (18.3%) reported that it had changed for the worse, 15 (10.6%) for the better. But in fact, mean for self-reported health at this time was 2.6 on a 4-point scale, unchanged from the first interview. Distribution for health by source was significant (chi square $p < .04$): although similar percentages of each group (56.6% for VHD and 58.9% for non-VHD respondents) reported their health as good or excellent on reinterview, only 8.1% of the former but 25.6% of the latter chose the option "excellent."

A large majority (85.9%) said their income was about the same and a similar fraction (84.5%) said their feelings or state of mind had also remained about the same. Asked more generally about "any other changes of note," 13.4% mentioned specific health problems, and smaller fractions cited other events such as death or illness of someone near to them, a recent move (theirs or that of someone close to them), a trip, joining a social group, and so forth.

Living Alone. When asked what they liked most about living alone, the majority again cited independence and freedom (40.8%), or "doing what I want when I want" (31.7%). Again, most (37.3%) said there was nothing they disliked about living alone, but appreciable numbers mentioned loneliness (26.8%) and the lack of help when sick (15.3%). Mean level of overall satisfaction with living alone was 3.6 (out of 4), almost identical to the previous mean of 3.7, with almost two thirds (64.1%) expressing themselves as very satisfied and only 6 individuals expressing a moderate degree of dissatisfaction ("somewhat dissatisfied"). Continuing to live alone was the ideal of 81.0% and 71.2% stated at the time of the second interview that they considered living alone a definite choice.

Housing Options. In terms of housing options for a time when "we were still quite independent but unable to take care of ourselves completely" (Q. 13 a-f), of the 125 who both answered the question and had living children, 118 (94.4%) could not see themselves living on a longterm basis with their children or other relatives. Almost two thirds (63.4%), however, could see themselves living in a congregate setting as described by the interviewer ("assuming you could afford it").

This view was held differentially by Source in a somewhat surprising direction, being disproportionately *acceptable* to non-VHD respondents in comparison to those drawn from Continuing Care ($p < .04$). An Abbeyfield House was deemed a possibility by 43.7%, and 54% could imagine themselves going voluntarily into a care facility. The pattern by Source for care facilities is similar to that for congregate developments, and slightly more pronounced, but in this case the statistic does not quite meet the test for significance (p <. 052). More than four-fifths (81.7%) said their preference in the end would be to remain living alone with support provided from outside, but when asked in a forced choice which of the stated options she was "*most likely* to actually do under the circumstances...described" only 58.5% stated that they would continue to live alone. Seniors' housing with dining room (congregate housing) was a

distant second (16.2%). Abbeyfield and care facilities were cited by just under 10% of respondents, living with one's children by only 2.1%. Twelve per cent (n = 17) said their opinion about living alone had changed recently but only 4 people attributed this change to being now more knowledgeable or aware of housing options.

Wellbeing. Mean level of positive affect on the Bradburn Affect Balance score as augmented for this study was 8.15 out of a possible 11 points. Score for negative affect was .69 out of 5.[29] Significant differences were found between respondents by Source on both components of the Bradburn scale as shown in Table 20 below:

Table 20: Means for Positive Affect and Negative Affect for Reinterview Questionnaire, by Source (n = 142)

Means	Positive	Negative
VHD	7.87	.82
non-VHD	8.85	.36
Combined	8.15	.69
p <	.011	.020

Some light is thrown on the differences in wellbeing by Source by looking at individual items of the scale. For instance, Chi-square analysis shows VHD respondents to be disproportionately *more* bored ($p < .031$) and depressed/unhappy ($p < .017$), and *less* likely to have been excited or interested in something in recent weeks. They are also less likely to state that they are getting what they want out of life ($p < .052$).

Differences in wellbeing were also found by perceived degree of choice in living alone for the reinterviewed group, as shown in Table 21 below:

[29] Comparisons to wellbeing scores in the original interview are found in Section 3 below.

Table 21: Means for Positive Affect and Negative Affect for Reinterview Questionnaire, by Degree of Perceived Choice in Living Alone (n = 142)

Means	Positive	Negative
No Choice	7.20	1.27
Just Happened	7.60	1.60
No Acceptable Alternative	7.37	.69
Deliberate Choice	8.44	.56
Combined	8.14	.69
p <	.047	.020

Study Participation. Most of the participants (53.6%) stated they had originally agreed to participate in this research because they thought it would be interesting. About equal proportions responded "as a favor" to the researchers (18.3%) or for some other reason (19.7%), such as to help others (10.9%) or to learn something for future reference (4.9%). About half (52.8%) said they had enjoyed their participation "a lot;" 43% chose the more moderate response of "somewhat" on this question. The most interesting part of the study appears to have been the interview (45.8%) or the reinterview (21.8%) with the feedback workshop (10.6%) trailing behind "nothing in particular" (21.8%) in popularity with the reinterview groups as a whole. However, among those who had at the time of reinterview already attended a workshop, it was judged most interesting.

Just under a third (30.3%) of the respondents said they had found themselves "thinking about the idea of living alone or discussing it with others as a result of participating in this project" and roughly the same proportion said their thinking had changed somewhat (24.6%) or changed a great deal (4.9%) in consequence.

Interviewer assessment. On completion of the interview, the researchers filled out a 4-option assessment of the respondent's forthrightness. On this basis, 103 respondents (76.9%) were judged as being entirely candid; 23 (17.2%) as occasionally downplaying negative responses; and 8 (6%) as quite often downplaying negative answers (2.1%) or not being very honest at all (3.5%).

This assessment item, which would have been a valuable addition to the Main Questionnaire, does however strengthen confidence in data from both interviews.

2. *Comparison by Attendance at Feedback Workshop*

Examination of the data according to whether respondents had already participated in a feedback workshop yielded some results of interest. It will be remembered that all respondents were offered the opportunity to attend the workshops, and those who did (n = 83) were randomly assigned to be interviewed before and after such attendance. Forty were reinterviewed before attending the workshops, and 43 afterwards. As with the followup interviews, the major reasons given for non-attendance were ill health and conflicting engagements.

Although in the main there were few differences between the two groups (for instance, attendees were no more likely to be VHD respondents or non-VHD respondents), chi-square analysis reveals a difference in the perception of choice about living alone. Those who did *not* attend the workshop were significantly more likely to have stated that they considered living alone to be a deliberate choice ($p < .003$), and correspondingly less likely to construe it as resulting from a lack of alternatives. Likewise, a higher than expected proportion of the non-attendees said that they could see themselves living with their children or other relatives if they required help ($p < .029$). This suggests that those who attended the workshop felt some inclination to explore housing alternatives, though the possibility of changing was not mentioned at any time in the invitation.

Analysis of scores for positive affect and negative affect according to attendance at a feedback workshop before reinterview show no effect.

Finally, differences were found between those who had and had not participated in the feedback workshops when reinterviewed, with regard to their attitudes to the study itself. The latter were more likely to cite the interview or "nothing in particular" as the study activity which most interested them, whereas those who had attended the workshop disproportionately chose it ($p < .000$). Those who had not attended were much *less* likely than would be expected, on the other hand, to state that their thinking had changed in some way because of the project ($p < .028$).

One facet of the reinterview data which should be mentioned in the light of the feedback workshops is the respondents' attitude to various housing options if support should be required. The workshop component of the project was originally proposed in order to develop and test an intervention which would assist older women to weigh the risks of living alone. The content of the workshop was deliberately not spelled out at the time of the proposal, because it was acknowledged that it would depend on the outcome of the preceding parts of the project.

Ultimately the decision was made, by consensus of the leader and the research group, that the best approach for the workshops was simply to feed back the information received, including discussion of the possible housing options in that context. This was done for two reasons: first, given the strong positive feeling about living alone which emerged it was believed that our respondents were unlikely to attend a workshop which purported to suggest alternatives for change; second, it had to be acknowledged that for women in the income bracket in question, there were at the moment few *practical* alternatives to the housing they presently had. Therefore, it was decided to raise the various alternative possibilities for the future in a more educational than didactic or decision-promoting mode. This left

open the possibility that there might yet be appropriate housing alternatives developed which took into account the attitudes which had emerged so strongly in the research.

Nevertheless, it is interesting to examine the data on housing options in the light of the project's original intention. On this score there was only one statistically significant difference between the workshop attendees and the rest of those reinterviewed: those who did attend the workshops were less likely, as mentioned above, to expect to live with their children or other relatives. However, there were some non-significant but consistent trends. Those who did *not* attend the workshop were more likely to reject congregate housing as a possibility (37% vs. 30%), a little more likely to reject the idea of Abbeyfield (55% vs 51%) and also more inclined to reject the idea of going to a care facility.

In other words, the group who attended the workshops appeared to be more open to possibilities other than their present living arrangement than those who had not. Since an appreciable portion of those who had not attended did later participate in one of the feedback sessions, the factor of selective response to the invitation is at least partially controlled for, and it can be said, at a minimum, that the results suggest a learning effect of the workshop intervention. The suggestion that a learning effect resulted from the intervention is complemented by the researchers' strong assertion that older women need an antidote to dichotomous thinking, i.e., to know that there are alternatives to holding out on one's own until capitulating to placement in a care facility.

3. Comparison with Main Questionnaire

Health. Fifteen respondents (10.6%) stated that their health had improved from the first interview to the reinterview; 26 (18.3%) reported that it had deteriorated. Ninety-seven respondents (68.3%) felt there had been no change. It is interesting to note, however, that comparison of the *current* self-report on the two questionnaires showed somewhat different results: 31 (21.8%) reported a higher level of health in the second interview, an identical number reporting a lower level, and 71 (50%) unchanged. The mean for health on the Reinterview Questionnaire (2.61) was very close to that from the Main Questionnaire (2.62).

Living Alone. The mean level of satisfaction with living alone had declined somewhat from 3.71 (out of 4) in the first interview to 3.62 at the second, but the decline is not significant at the .05 level. Analysis of the discrepancy shows that while only 5 (3.5%) respondents in each interview had expressed dissatisfaction, 14 (10%) had shifted their response from "very satisfied" in the first interview to "satisfied" at the second. In terms of their ideal living arrangement, 98 respondents (89.9%) for whom data from both questionnaires are available maintained their original preference, which was to continue living alone. Eleven respondents (8%) changed their choice from preferring to remain alone to preferring another alternative, while 10 (7.7%) shifted in the opposite direction and another 10 continued in their desire for an alternative to living alone.

The degree of choice felt in living alone had a similar pattern: of those for whom both responses are available, 65 (78.3%) felt on both occasions that living alone was a definite choice for them. Of the others, 18 (14.1%) shifted towards a sense of less choice, and 27 (21.3%) moved in the opposite direction.

In summary, respondents' feelings about their health and about living alone appear to have remained generally constant between the first and second interviews. What differences there were did not form a pattern and tended to balance each other out, producing an overall outcome unchanged over the period of the study.

Wellbeing. Scores on the augmented positive scale of the Bradburn also showed little alteration, only a minor and non-significant decline between the two interviews (from 8.16 to 8.07). Negative scores, on the other hand, were significantly *lower*, dropping from .96 to .69, ($p < .001$). The effect on the Affect Balance scale was to raise the level of overall wellbeing at the time of the second interview (from 6.73 to 6.98), but not significantly so. It should also be noted that the significant difference in wellbeing by source found on reinterview did not occur in the original data set.

The surprising drop in negative affect between the two interviews may have many explanations. For instance, it may be seasonal, since more than 80% of the initial interviews took place in the winter, while most of the followup ones were early the following autumn. This effect could also be a function of the study situation itself, since respondents may have been less anxious and worried at the time of the second interview, having already met and conversed in depth with their interviewers. It is also possible that a health promotion effect is being observed here, i.e., that the opportunity for meaningful and respectful social contact which offers a valued role -- that of active participant in a research project -- may have contributed to a rise in wellbeing, however temporary or situation specific it may be.

To summarize, the reinterview questionnaire showed few changes over the period between interviews. Those who had attended a feedback workshop appeared to be more open to consideration of various housing options currently or potentially available, possibly because they were more likely as a group not to expect to live with their children at any time, or possibly because of the discussion in the workshop itself.

In addition, there was a drop in negative affect between the two interviews. Perhaps this improvement was simply because the people and the situation were now more familiar to the respondent. Possibly, however, since the opportunity to participate in the project, with its attendant social contact and opportunity to perform a valued social role, had been a positive experience for most, there is some benefit of the project itself to the interviewees' overall wellbeing.

D. Researcher Questionnaire

There was a high degree of consensus in the researchers' evaluation of the project. The major themes will be summarized here, based on the questionnaire itself and the discussions which surrounded the making and showing of the video.

1. Positives and Negatives.

All of the researchers expressed very positive feelings about the project. Those who interviewed respondents tended to cite the opportunity to meet so many other older women, and talk to them in their homes about things that mattered to them, as the most enjoyable part of the project. Some were

impressed by the variety of personalities and living situations among the respondents. Some found that their own ideas about aging had become more positive after meeting so many warm, open, interesting older women, and that their own concerns about aging were reduced.[30] One woman wrote: "Learning about others first hand has taught me a lot about myself--this last two years has been a period of personal growth for me."

Most also said they enjoyed the discussions among the research group, finding it exciting to be part of "a good cohesive working group." For some, the opportunity to speak their opinion and have it respected was a new one, leading to increased self-esteem which in turn gave confidence to contribute and learn further.

Discovering that they could rise to new challenges such as contacting potential respondents and carrying out the interviews was also part of the excitement and confirmation expressed by many of the researchers. One researcher who learned to use a computer for her work on the project ultimately bought a computer for herself. Some, who had not previously worked in the community gained the faith in themselves to go on to other endeavors such as peer counselling.

The fact that they were paid was important to the researchers. One, who had done little paid work throughout her long volunteer career, stated that what she liked best about the project was "my status as a paid researcher." Another repeated a favorite story about cashing a cheque from Simon Fraser University and the joy of being able to answer the young teller's friendly query by saying that she was a researcher.

When asked what aspects of the project they did *not* enjoy, most respondents mentioned that the delay of several months between preparation of the questionnaire and the actual interviewing was very frustrating for them.[31] Another general complaint was that meetings and discussions tended to go on too long, becoming repetitive and, again, frustrating. Several suggested, in the positive way many of these women approached the project, that these frustrations had at least helped them to gain patience. One woman, who took on much of the record-keeping function, suggested that this part of the project should have been better designed and maintained from the very beginning -- as indeed it should.

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[30] This comment is also heard frequently from younger women after viewing the video.

[31] This delay was caused by the fact that, unexpectedly, the project was granted access to provincial client lists for sampling. Since it had been thought that this access would not be forthcoming, other sampling arrangements were being developed. When the opportunity to draw a random sample of computerized records arose, the Vancouver Health Department had to develop new procedures to safeguard client confidentiality.

Health Promoting Methodology. A brief mention should be made here of the health promotion aspects of the project methodology. Other work by the author carried out concurrently with this research[32] examined the characteristics of programming for seniors which is in fact health-promoting. Among those characteristics are the following:

- participants are aware and knowledgeable of the decision-making process;
- opportunities are available for active participant involvement;
- meaningful roles exist for participants where their skills can be used;
- participants are involved in the development of the content and process of the program;
- participants are treated as active, capable and competent contributors;
- development of a social network or "web" of support is encouraged;
- a "partnership" exists between participants and staff.

The Living Alone study embodied these characteristics, being carried out entirely by seniors, under the leadership of the principal researcher. In this case the partnership was twofold. On the one hand, it was much like that which normally arises between a principal researcher and research staff: the principal researcher designed the broad outlines of the research and procured the funding; she provided leadership, technical skills and project co-ordination. The researchers carried out all the usual tasks of research assistants, working out procedures to be followed, bringing problems to the group to be addressed.

On the other hand, the partnership was also similar to the relationship of a staff person with a Board or Advisory Group. The researchers commented in depth on the objectives and target population of the project, on the questions to be addressed, and on the findings; and many decisions were made by consensus of the research team.

In each aspect of their participation in the project the researchers were actively involved, using their skills and contributing to both the content and the process of the work to be done: involvement, choice and control were the hallmarks of the project from beginning to end. The dignity of being paid for their work was both very important to the researchers, and at the same time symbolic of the value of their contribution and the respect it engendered.

The Researcher Questionnaire, and most especially the video, highlights some of the results of a health-promoting program environment: improved self-esteem, confidence, new social networks, and valued instrumental roles. Another health-promotion aspect of the project should also be mentioned, more specifically related to the physical health of the researchers over the period of the study. Although data were not collected on this topic, it is important to note that the researchers were not necessarily more healthy than the "typical" seniors. Virtually all had some health problems, either chronic or acute, over the period of the study. Seven of them spent some time in hospital during or immediately after the study. One woman experienced both a cataract removal and a mastectomy, yet participated fully in the

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[32] Doyle, V.M. and S. Boyd-Noel (1993). *Characteristics of A Health-Promoting Program Environment for Seniors.* Ottawa: National Health Research and Development Program. Copies of this paper may be obtained from the Gerontology Research Centre at Simon Fraser University.

project before, between and after these bouts in the hospital; another experienced a prolonged hospitalization for heart problems, yet returned to the project when she recovered.[33] Several had arthritis in varying degrees of severity; one was diabetic, two had serious heart conditions. Two of the younger researchers had been forced by their conditions into early retirement which left them very short of income, a fact which had drawn them to the project for supplementary income in the first place.

One of the important lessons of this project is, in fact, that older people, given a task which interests them, expands their networks and supports their self-esteem, can be very resilient, bringing commitment, energy, stamina and laughter to the job, to complement their competence, flexibility and intelligence. It may be, in fact, that being part of such a project enhances the ability of older people to cope with their health conditions. Certainly that is the expressed opinion of at least one of the researchers, and corresponds to the underlying principles set out in Canada's blueprint for health promotion, the Epp Report (Epp 1986).

V. CONCLUSIONS

A. Summary

This survey of 174 elderly women (mean age 80) by structured in-person interview set out, as its first objective, to understand in more depth the phenomenon of older women increasingly living alone. One set of questions to be addressed was descriptive: what was the experience of older women in living alone and what were the predictors of wellbeing among them?

Another focus of interest, within the first objective, was the *choice* to live alone. On the fundamental level, did that choice exist at all, or were women remaining alone through lack of other options? The gerontological literature suggests that normative and preference factors, particularly the desire for privacy and independence, are the most influential factors in this phenomenon. The researchers set out to talk to older women themselves to determine whether this was indeed the case, but also to get a sense of what the underlying motivators were. *Privacy and independence* ring in the literature almost like code words; what meaning did they have which led older women so frequently to pay large portions of their income and to risk institutionalization for the luxury of living alone?

Experience of Living Alone. This research confirms the conclusion of many previous studies that elderly women living alone are generally well supported by social networks of family and friends, utilizing many opportunities to keep active. By far the majority expressed satisfaction with their contacts with family and friends, and with the amount of assistance and services available to them. A

[33] Absences from the project were not limited to health reasons. Several researchers were away for prolonged holidays; at least two others were prevented from participating for lengthy periods by family responsibilities; another could not attending meetings because of university class schedules, but continued with the project tasks nevertheless. The writer concluded that the flexibility to adjust to the other demands on their time is prerequisite to a long-term project depending on the work of seniors.

small minority of the respondents cited occasional problems with boredom or loneliness. One specific "dislike" cited by a number of respondents was the necessity of cooking for one and eating alone.

A continuing theme was that, although they were well able to meet their needs in the present, the future depended on their energy, health and ability to take care of themselves. Therefore, the major worry expressed by the respondents was the fear that their health would fail. Researchers felt that those who lived in an active seniors' or church community were significantly better off than many because they had activity and companionship readily available without a significant expenditure of energy.

Significant predictors of wellbeing for this group were health, number of groups attended regularly and degree of choice experienced in living alone.

Overall, a high degree of enjoyment of living alone was expressed by a large majority of the respondents. A repeated theme was that living alone allowed them to do "what I want to do, when I want to do it." This statement, or words to that effect, was made at some point in the interview by at least 88.5% of the respondents.

Choice to Live Alone. Although most of the respondents had come to live alone through the death of their spouse or the departure of adult children, this lifestyle was conceived of as "a definite choice" by almost two thirds of the women interviewed. Low levels of agreement were found for the suggestions that respondents would like to make a change but didn't know where to start, or that they would like to share housing if only they could find the right person. Similarly, the option of living with one's children, either in the present or in case of future frailty and ill-health, was roundly rejected. The most commonly-selected option in the latter case was of going to a care facility.

Whatever the pathways which may have brought these respondents to this lifestyle, they expressed a clear preference for living alone. Components of that preference appear to be:

- preference for privacy and independence (confirming Wister 1985)
- desire to sustain one's current lifestyle
- desire for freedom
- desire to maintain good relations with their children
- love of solitude.

Anecdotal evidence suggests that this preference is not immediate, but develops over several years as the loss of a partner is grieved and new skills developed. In addition, the data support suggestions in the literature that living alone is seen as normative, an appropriate lifestyle for older people, while rejecting the converse statement, that people are apt to think there's something wrong with you if you live with your children.

The attempt to understand better the motivating forces underlying the frequently-expressed preference for privacy and independence yielded two overall factors. One was labelled *It's My Turn Now*, suggesting an opportunity to nurture oneself and have one's own individual life after a lifetime of taking care of others. The salience of this factor may explain why the choice to live alone is so particularly

characteristic of widows, in contrast to never-married women. The second factor found was a *comfort* factor, an enjoyment of and peace with one's current home, lifestyle, and self, including a suggestion that other possible options would not be worth the effort.

Response of Family Members/Friends. A second objective of the study was to examine the attitudes of family members and friends on the subject. Data from the Family/Friend Questionnaire show generally warm relationships and a fair degree of agreement as to the elderly woman's current situation and preferences. However, the younger people appeared to underestimate their mother's or friend's satisfaction with the frequency of the contact between them. A second area of divergence was the former's belief that the latter would like to live with them if her health failed, contrary to the reiterated statements of the elderly respondents as a group.[34] A notable finding was the apparent readiness of the family members to remove the decison-making power from their mother or relative should she no longer be safe or comfortable living alone, even if she were not actually ill or confused.

Feedback Workshops. The feedback workshops proved an effective mechanism for several purposes:

- they strengthened researchers' confidence in the validity of the data and particularly in the interpretations being made by receiving respondent feedback on the major conclusions of the study;

- they proved popular with the respondents who attended them, who tended to cite the workshop as the most enjoyable part of the study; respondents seemed to value the opportunity to discuss their experience in living alone with others in a similar situation; the success of these small workshops supports the inclusion of substantive issues in socialization/recreation programs, offering seniors the opportunity to make sense of their experience and consider opportunities for change;

- they were successful as an educational intervention: although they were not presented as a discussion of housing alternatives, evidence from the reinterview questionnaires suggests at least a small learning effect, with those who attended apparently more open to consider a variety of housing options that those who had not;

- they constitute an example of health promoting methodology in research: respondents are valued as colleagues in a process of discovery--a worthy social role; thus their dignity and individuality is supported rather than undermined, as may be the case when respondents are treated simply as sources of information which goes they know not where.

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[34] It is useful to repeat here the data from the Interviewer's Assessment item used in the reinterview questionnaire. Interviewers judged 76.9% of respondents as being entirely candid, 17.2% as occasionally downplaying negative responses and only 6% as quite often downplaying negative answers or not being very honest at all.

Employment of Older Researchers. An important component of the study was the participation of the older researchers. It is believed that their contribution to all facets of the research improved the salience of the questions asked and the accuracy of the information gained from the elderly respondents. In addition, their influence on the interpretation of data and the conclusions drawn proved critical.

This study also demonstrates the effectiveness of health promoting methodologies in working with seniors. According to the literature, the involvement elderly people as competent contributors in the development and implementation of this project should have a health promotion effect. Most of the researchers did indeed report an increase in self-esteem and several who had not previously done so went on to work in other community projects.

B. Recommendations

In a study of this richness, it is difficult to select a few findings to highlight as the basis of recommendations, without minimizing the importance of other data. However, the following represent the major themes which have arisen in the data and in the discussions of the research group.

Research Recommendations

- Employment of paid researchers from the target population is an effective research methodology. Such researchers should participate not only in the gathering of data, but also in identifying the questions to be asked, interpreting the data and, after training, carrying out other aspects of the study. In working with senior researchers, flexibility may be required to allow for other temporary calls on their time, e.g. health problems or family demands, but the results justify this flexibility.

- Feedback workshops, in which respondents are offered the opportunity to review and comment on the data before publication, constitute a useful strategy in clarifying information. In addition, they also can serve as a health-promotion and/or community-development technique which gives respondents the opportunity to discuss aspects of one's experience with others, and potentially to develop an action plan of their own.

- Research can be designed with health-promoting principles in mind, i.e., there is such a thing as a *health-promoting research methodology.* The key to the health promotion effect is that researchers and respondents are treated as colleagues in a process of discovery, a valued social role which can both widen social networks and increase one's self-esteem. In this case, both the close (and paid) involvement of seniors as research assistants, and the implementation of feedback workshops brought about this effect.

Housing Policy and Program Recommendations

- Efforts to develop housing and support options for seniors should focus on provision of resources and services on a flexible basis, as an alternative to more comprehensive options such as congregate care. A substantial proportion of this client group is very interested in retaining

their day-to-day freedom of action, defined as "doing what I want to do when I want to do it." It is preferable to have services available on an as-needed basis rather than tie people into long-term service contracts which constrain their independence and which they are often reluctant, even if able, to pay for.

- The concerns with living alone raised by respondents are a) worry about not being able to care for themselves during periods of either temporary or permanent ill-health, and b) *occasional* loneliness and boredom. These are easily alleviated in multi-unit housing developments where a strong and neighborly community exists.

  Property management of developments which seniors (either solely or in combination with people of other ages) should approach property management from a community development perspective rather than either a straight maintenance-administration approach *or* a service-provision model (which is too close to the medical model). On-site staff should be trained to understand and respond appropriately to both the strengths and the needs of older people, that is, to work in *partnership* with them; efforts to promote social networks should focus on valued activities and real decisions in addition to recreation opportunities. Staff's work should be directed towards complementing the efforts and capacities of the elderly residents, giving them real control over the circumstances of their daily lives, and the opportunity to assist each other as neighbors. What is being advocated here is a *health promotion* approach to property management.

- A particularly effective intervention is the availability of meals on at least an occasional basis. This is more likely to be successful that more artificial "opportunities to socialize" since it meets a need identified by many older people.

- There is evidence of a need for education among community-dwelling seniors about available and possible housing options. There seems to be a sense that the only alternative to totally independent living is to move to a care facility. Many are aware of the risk they run in living alone and would be prepared to relocate to a more protected situation if they knew it would safeguard the aspects of living alone which they value. Approaches to such education must acknowledge these values.

The writer, as the principal researcher for this study, would like to conclude the report with a personal comment: because of the insight, commitment and competence of my co-workers, this was one of the most fulfilling projects, and the most fun, I have ever been part of. I highly recommend this methodology to the discriminating researcher.

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APPENDIX 1

INTRODUCTORY MATERIALS

1. Recruiting Flyer (Researchers)
2. Explanatory Memo to Health Department Staff
3. Sampling Information to Health Department Staff
4. Recruiting Letter to Respondents and Matches; Reinterview Letter

WANTED: SENIOR WOMEN INTERVIEWERS

WHO: Older women who are good listeners and are interested in earning some money by interviewing other older women for a research project. Training and interview form are provided. No previous experience in interviewing is necessary.

WHY: This is a Seniors' Independence Program project researching The Choice of Older Women to Live Alone.

Older women are living alone much more these days. Some people think it is because they have no choice: they would rather live with their families, but the families are not fulfilling their responsibilities. Others believe that women would always have preferred to live on their own and now that incomes are higher, they do so. Living alone has its costs, however, both in higher living expenses and in physical risks such as falling or getting sick without anyone knowing.

We would like to know what older women who live alone think about these issues, and what they think would be the best way of minimizing the risks. We will gain that information from the interview data and also from the opinions the interviewers form while they are carrying out the project.

DETAILS: Interviews will be done at the interviewers' convenience over the summer and fall. Including travel time, each interview would take about two hours. Payment is $25.00 per interview including travel expenses. An information meeting will be held on Thursday, May 31 at 1:30 p.m. For more information, please call

Veronica Doyle

255-8565

City of Vancouver

Inter-Office Correspondence

HEALTH DEPARTMENT

CONTINUING CARE DIVISION

October 12, 1990 File #: 35-14

MEMO TO: Unit Directors
Attention: L.T.C. Coordinators

FROM: Aida Davis
Coordinator, Long Term Care Program
Continuing Care Division

SUBJECT: Research Project - The Choice of Older Women to Live Alone

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The Vancouver Health Department Continuing Care Division has agreed to work with a group of volunteer senior women who are researching "The Choice of Older Women to Live Alone". Dr. Jack Altman, Unit Director, West-Main Health Unit, sponsored this project. The director of the project is Dr. Veronica Doyle, a researcher associated with the Gerontology Research Centre at Simon Fraser University. Dr. Doyle can be reached at 877-7543, if you need more background information.

One purpose of the research project is to discover to what extent older women feel that they have a choice concerning their living arrangements. A second goal is to find out what factors, if any, would encourage older women to consider other living arrangements which carry less risk of institutionalization. An education program followed by re-interviews is also planned.

The researchers plan to interview two hundred women aged 70 and over in Vancouver who live alone. All the interviewers will be volunteer older women. Half of the interviewees will be randomly drawn from lists of your PC homemaker service caseloads provided by the Ministry of Health. These will be matched with an equal number who are not presently receiving Long Term Care services.

In order to ensure the confidentiality of any client information, Central Office staff will maintain the caseload lists supplied by the Ministry. An initial random sample of 60 clients has been drawn from the caseload lists of all Health Units. These selected clients can not be contacted by the interviewees until they have received a letter from your case managers explaining the project.

Please find enclosed lists, by case manager, of the clients selected in your health unit, and a personalized letter and addressed envelope for each client from their case manager explaining the project. Each case manager should determine whether these clients may be contacted by the interviewees. Reasons for not contacting the clients would be: the client does not live alone, the client does not speak conversational English and/or a serious traumatic event

.../2

has recently occurred in their lives. The case manager should also correct the clients address and/or telephone number if recently changed. These decisions should be indicated on the accompanying client lists and faxed to Jerry Reichert at Central Office as soon as possible. For those clients that may be contacted, the case manager should sign and mail the appropriate personalized letter. The interviewees will be informed by Jerry Reichert as to who can be contacted.

This procedure will be repeated a number of times over the next few months, until the total number of clients is adequate for analysis. All efforts have been made to ensure the confidentiality of client information and the least amount of interruption in your case managers' time. Please contact Jerry Reichert at 734-1661 if you need further clarification.

Yours truly,

Aida Davis
Coordinator, Long Term Care Program
Continuing Care Division

AD/hr

c.c. Michael Sorochan
Veronica Doyle
Jerry Reichert

THE CHOICE OF OLDER WOMEN TO LIVE ALONE RESEARCH PROJECT

Case Manager: Laurie Webster Health Unit: North Health Unit

The following clients were randomly selected from a listing of all your clients who are receiving homemaker services at the PC level, are 70 years old or over and are not married.

The objective of the present study is to interview clients that live alone. If you know that any of the clients listed below are not living alone, indicate that the client should NOT be contacted and the reason.

The client's care level may have changed recently. Please use your judgement in determining whether the client could be interviewed.

If the client has had a serious traumatic event in her life recently or cannot speak conversational English, you may also indicate that the client should NOT be contacted and the relevant reason.

If the client can be contacted, please indicate below and sign and mail the appropriate personalized accompanying letter informing the client that she will be contacted and asked to participate in this study.

PLEASE FAX THIS COMPLETED FORM TO JERRY REICHERT AT CENTRAL OFFICE SO THAT THE VOLUNTEER INTERVIEWERS CAN BE INFORMED AS TO WHOM TO CONTACT.

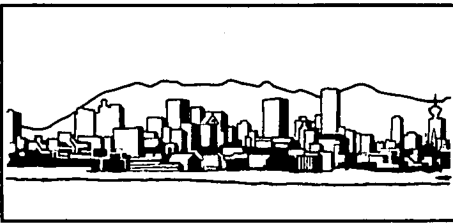
CENTRAL OFFICE FAX NUMBER: 736-2205

Client: Geraldine Reichert
Date of Birth: 42/11/07

208 - 373 South st.
Vancouver, B.C. V6A 3X1
Tel.: 266-5965

Can Client Be Contacted (Yes/No): ____
If NO, Please Give Reason: ______________________________________

____



Vancouver Health Department

Continuing Care Division

1060 West 8th Avenue, Vancouver, B.C. V6H 1C4 Telephone: 734-1661

October 12, 1990

Geraldine Reichert
208 - 373 South st.
Vancouver, B.C.. V6A 3X1
Tel. Number: 266-5965

Dear Geraldine Reichert,

We are writing you this letter to ask your help in a project which the Vancouver Health Department is sponsoring. A group of volunteer senior women, working with the Health Department and with Simon Fraser University, is interested in hearing the opinions of older women who live by themselves.

If you choose to participate, you will be interviewed by one of the volunteer senior women specially trained to make sure that what a person says is properly recorded, and that her privacy is preserved. The interview will take about an hour and may be held in your home or any other place you prefer.

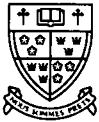
The purpose of the project is to hear from older women like yourself, why they live alone, whether they feel they have any choice in the matter, and what it is like for them. We expect that the answers given by yourself and other participants will help the Health Department and other agencies to make better decisions to support women's independence and their choices about how they live. It is important that such decisions be based as much as possible on the actual experiences of older women who live alone, and this is why your opinion is being asked.

One of the volunteer women working on the project will telephone you soon to ask you to take part. She will answer any questions you may have about this project. Of course, whether you wish to participate is up to you. You are completely free to say you don't wish to be involved, and nothing more will be said about it. On the other hand, we hope you will agree to help out.

Yours truly,

Laurie Webster
L.T.C. Case Manager
North Health Unit

CITY OF VANCOUVER



SIMON FRASER
UNIVERSITY
AT HARBOUR CENTRE

Gerontology Research Centre
Gerontology Diploma Program

515 West Hastings Street
Vancouver, British Columbia
Canada V6B 5K3

Centre Tel: 604/291.5062
Program Tel: 604/291.5065
Fax: 604/291.5066

Dear

We are writing you this letter to ask your help in a project which the Gerontology Research Centre at Simon Fraser University is sponsoring with the Vancouver Health Department. It is a research project being carried out by group of women, all seniors, seeking the opinions of older women who live by themselves.

We have been given your name as someone who may be interested in helping us with this project. If you choose to participate, you will be interviewed by one of the women, who has been specially trained to make sure that what you say is properly recorded and that your privacy is preserved. The interview takes about an hour, and may be held in your home or any other place you prefer.

The purpose of this project is to hear from older women like yourself why they live alone, whether they feel they have any choice in the matter, and what it is like for them. We expect that the answers given by yourself and other participants will help agencies to make better decisions to support women's independence and their choices about how they live. It is important that such decisions be based as much as possible on the actual experiences of older women who live alone, and this is why your opinion is being asked.

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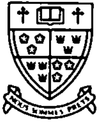
Yours truly,

for the Women Living Alone Project

Office location: 2175-555 West Hastings Street



SIMON FRASER
UNIVERSITY
AT HARBOUR CENTRE

Gerontology Research Centre
Gerontology Diploma Program

515 West Hastings Street
Vancouver, British Columbia
Canada V6B 5K3

Centre Tel: 604/291.5062
Program Tel: 604/291.5065
Fax: 604/291.5066

Date:

Dear

Some time ago you participated in an interview for our study about the choice of older women to live alone. Some of you suggested a friend or family member who might also be willing to be interviewed.

In all, we spoke to 173 older women, whose average age was 80. Their feeling about living alone was generally very positive. Many said that although they had not originally chosen to live alone, but rather had remained living by themselves after their husband or parents died or their children moved out, they felt it was now a real choice which they thoroughly enjoyed.

We would like to share the results of our study with you. For this, we will be inviting you (and whoever you might like to bring with you) to **a small neighborhood gathering** which your interviewer will be telephoning you about soon.

We are trying to arrange these gatherings in convenient locations, and will provide transportation to those who need it. We also plan to serve refreshments. The women who did the interviews will be there to discuss them.

We would also like to do **a brief re-interview by telephone**. We want to do this because we are aware that people often have further thoughts on a subject after they have been interveiwed, and we would like to hear those thoughts too. In addition, we would like to have your comments before we go any further in publishing our conclusions.

Your original interviewer (or in some cases another woman who is taking over for her) will be getting in touch with you soon to let you know when the gathering is for your area, and to ask for your co-operation in the second short interview.

We very much hope you will go this one step further with us in a study which is turning out to be very exciting, not only for those of us who are working on it, but for people from the health department and the university who are eager to hear the results.

Thanks again,

for the Living Alone Project

Office location: 2175-555 West Hastings Street

APPENDIX 2

SELECTED DISCUSSION AND TRAINING MATERIALS

1. Initial Discussion Guide
2. Training Guide for Interviewers
3. Interview Report Form
4. Discussion Guide for Factor Analysis
5. Procedures for Organization of Feedback Sessions
6. Format for Reinterview Phone Calls
7. Discussion Guide and Handout for Feedback Workshops

WOMEN LIVING ALONE

DISCUSSION OUTLINE

March 20, 1990

I. WHO LIVES ALONE?

A. Prevalence

B. Trends

1. Demographic

2. Lifestyle

II. WHY DOES IT MATTER?

A. Personal Risks

1. Social Isolation

2. Institutionalization

B. Societal Implications (e.g., cost of services and institutional care)

III. WHAT INFLUENCES THE CHOICE TO LIVE ALONE?

A. Sociodemographic Factors (Predisposing)

1. Age, sex, marital status

2. Number of children

3. Ethnicity, education, etc.

B. Constraints on Choice

1. Income ("purchase of privacy")

2. Health/domestic competence

3. Informal support

C. Norms and Preferences

1. Norms:
   * expected separation
   * perceived distance between generations
   * distrust of unusual alternatives

2. Decision-making Factors

   a. Decision not required

      * present situation satisfactory short-term and long-term
      * decisions, modifications or plans already made

   b. Decision required short-term or long-term

      * familiarity with existing/possible alternatives
      * perceived outcome of a move
      * experience with decision-making
      * access to advice and support
      * health/energy to make a decision or move
      * perceived time horizons, cost/benefit
      * inability/refusal to decide (inertia)

3. Preference for Privacy and Independence

      * definitions and descriptions
      * what is risked if privacy and independence are lacking

4. Subjective/symbolic Factors

      * meaning of the home
      * status (e.g. "adult", "taxpayer", "not a burden")
      * relationship to identity, self-esteem, control

IV. SHOULD THINGS CHANGE, AND IF SO, HOW?

INSTRUCTIONS FOR INTERVIEWERS

Older Women Living Alone Project

The purpose of the interview is to hear from each woman what is involved in her choice to live alone and what it is like for her to do so. To put what she says in context, we also need to know something about *her*.

To gather this information, it is important that the respondent feel at ease as much as possible and that she realize that her answers, including opinions and feelings, will be heard without judgement. There are no right answers to these questions. She must also feel confident that her privacy is being respected. (However, it is also possible to terrify the interviewee about the nature of the questions by overstressing the confidentiality bit.)

In concentrating on what *we* want to get from *her*, it is also best to keep in mind that we owe the woman something for what she is giving us. We should try to make the interview an enjoyable experience for her (which probably means enjoying it yourself).

Principles and Problems:

1. It is critical, although it is sometimes awkward, to stick to the script. Answers to questions cannot be validly compared if they have not been asked in the same way. Do not go back and change answers previously given. If the woman wishes to alter something, make a notation in the margin beside the question she wants to change.

2. The best way to get someone to talk is to keep quiet yourself. Good prompts are: to repeat what she last said with a question mark at the end; to repeat the question in the same or very similar form; something neutral like, "anything else?"

3. Your role here is as a professional person doing a job. This involves a certain "caring and attentive detachment" if such a thing exists. If you wish to get involved, either by engaging in a discussion, or by responding in a supportive or friendship way, do it after you have finished the interview.

   If you form impressions about the consistency or honesty of what you are hearing, make gentle attempts to clarify. Be prepared to state your opinion in Interviewer's Impressions.

4. Incomplete survey forms, inevitable as they are, can limit the validity of conclusions, so try your best to have all

questions answered. If your respondent prefers not to answer any particular question, write down "refused". If she is generally unco-operative, close down the interview, stating the reason at the end.

5. Other problems which may arise:

* not being alone. Offer to come back in a few minutes or to make another appointment. Let it be known that you cannot do the interview with another person present.

* taking offense. Help your respondent understand that these questions are designed for all kinds of people, and that some of the questions may not be phrased in ways which directly apply to her. If she feels the questions are too personal, say that to really understand the choice older women are making in such numbers it is necessary to know something about those women. You might indicate that you appreciate how she feels, or that you also live alone and might have the same reaction. Ask her to bear with us and assure her that her answers are private. If all else fails, skip the question. With some women, you may be able to anticipate this response and can discuss it with her early in the interview.

* talkativeness. Do your best. Continue with the next question, explain that you have another interview scheduled, mention that what she is saying will be dealt with later, suggest that you talk about it at the end...whatever works. If in the end she cannot be moved on, feel free to terminate the interview, perhaps by skipping to the final questions.

* loneliness. This is difficult for anyone to deal with. Again, simply do what you can. The best response is empathy, that is, letting the person have her feelings and respecting them. Not-very-helpful responses are: "poor you", or over-sympathy, which can end up making the person feel worse; giving advice, which can cause helplessness or resentment; getting side-tracked into trying to solve her problem or to *be* the solution.

If the woman asks for help, mention resources you may know of. You can bring the problem back to a meeting for further suggestions, or ask Sharon, and phone the woman back. Do not offer yourself as a friend or companion unless you can *and want to* follow through. If you do, it is probably best not to make this offer immediately, but give yourself time to think about it.

* tears. Some of the questions may touch on very sad experiences. Again, a quiet empathy is the best response.

You might skip the question and proceed, wait a few minutes till she recovers herself, or ask her if she wants to stop.

* anger/aggression. If it is directed other than at you, do as you would for tears. If it is directed at you, get away as gracefully as you can. Do not take the anger personally--it has nothing to do with you--and do not respond in kind.

* confusion. If it becomes clear that your respondent is not thinking clearly, terminate the interview in whatever way seems best to you.

Procedures for the Interview:

1. If possible, phone before you leave.

2. *Introduce* yourself and refer to your previous conversation. (Do not interview someone you already know.)

3. Briefly explain the *purpose* of the project and what the procedures will be:

   a. consent form
   b. interview
   c. some followup matters (to be discussed later)

4. Have the *consent form* signed. Ask if the woman would like you to read or summarize the information sheet. (If you do read it, note that on the consent form.)

   Explain that the consent form is necessary for ethical reasons, to protect respondents, but that it will be kept separate from the survey form, which will not have her name on it.

   Either then or later be sure that her address and phone number, and your name, are on that form, since it will be our way of contacting her for the re-interview.

5. Do the *interview*.

6. Thank her for her help, and proceed with the *followup*. These are on the survey form, but need not be read out to her, as long as you get the information.

   a. Interest in attending a **seminar** or workshop about housing, and what she thinks would be useful to her.

   b. Willingness to have a **family member** contacted for a brief telephone interview (simply to understand her family's perspective). Suggest the closest person named in the interview.

   c. Willingness to suggest **another woman** she knows rather like herself, who would agree to be interviewed. (We'll call this woman the "match".) This second woman should not be receiving services from the health department.

      Get the name, address and/or phone number of the woman she suggests. Ask your respondent not to discuss the contents of the questionnaire with the second woman until you have interviewed her.

6. Once you have left, fill in the *interviewer's impressions* section of the survey form. Make any notations required. Also fill in the *interview record sheet* and bring your *billing sheet* up to date.

   Staple the *screening questionnaire* to the survey form.

7. *Contact the match* as soon as possible. If your respondent knows her phone number, ask if you can call then, and take an information sheet over. If she knows only where the person lives, try to contact her at home, or use the name and address to get the phone number. **Be sure to fill in your contact sheet for the match.**

INTERVIEW REPORT FORM

Women Living Alone Project

Interviewer Name: ____________________

Reporting Period: ____________________
(dates)

NAME	NO.	DATE	MATCH?*	FAMILY?*	COMMENT

* Y/N if match or family member was provided by the respondent.

Women Living Alone Project

Initial Factor Analysis of Question 57

Number of Interviews = 155 (older women only)

A *factor analysis* is a procedure which shows any underlying statistical patterns in the answers. It is something like the action of a prism breaking a whole rainbow of colors into the underlying three primary colors. This enables us to understand what the responses mean. It also helps us to weed out items which duplicate each other by giving essentially the same information.

A factor analysis identifies clusters of items which were highly related to each other. It provides a list of the items which were grouped together, not by content or idea, but statistically. This is called "loading on a factor." *It is up to us to name those factors and interpret what they mean.*

The factors which loaded or clustered together for Question 57 are shown below. Statistically, only the first three factors are strong enough to consider further, but I have included the rest for interest.

Factor 1

My main reason for living alone is to preserve my privacy and independence.

At this time in my life I find solitude is very important to me.

The disadvantages of living alone are a small price to pay for the freedom to do *what* I want *when* I want.

I like my privacy so much I would hesitate to share even with someone very close to me.

I think the supports I have right now will carry me a long way into the future.

I find I don't want to adjust to anyone else's habits.

Factor 2

A person gets along much better with her children if they live separately.

If I lived with my children I would be afraid of becoming a burden.

I'm going to stay where I am till they carry me out.

For the time I have left, moving just doesn't seem worth the effort.

A person's children are apt to be so different in their values and interests that it would be hard to share day-to-day life in the same household.

I would like to make a change in my living arrangements but I don't know where to start.

Factor 3

I would prefer to live with my children or other relatives if it were possible.

Most people like me don't have much choice about living by themselves.

I'm just not used to making big decisions by myself.

Factor 4

I worry that the time will come when someone else will take control of my life.

I worry about eventually having to go to an institution.

I don't think about the future much. It will take care of itself.

Factor 5

The government should provide old people with whatever they need to remain living by themselves.

In the past, older women would have lived by themselves if they could have afforded it.

Factor 6

If a person lives with her children people are apt to think there's something wrong with her.

I would be interested in sharing if I could find the right person.

Factor 7

Older people should live on their own until they simply can't manage it any more.

Factor 8

For an older woman, there just don't seem to be many alternatives to living alone.

Older people have earned the right to be taken care of in later years by their family.

Factor 9

If you live by yourself, you keep control of your everyday life.

If you share accommodation with someone you might be taken advantage of.

Women Living Alone Project

Final Procedure for Feedback Sessions

September 11, 1991

Each lead person will receive a list of the people in her group or groups and the other interviewers involved. She will then:

1. Choose a location.

2. Consult with Pat to book the presenter (Veronica). Generally this will be Tuesdays and Thursdays at 1:30.

3. Book the location accordingly.

4. Arrange for invitation and reinterview calls to be made, preferably by the original interviewers.

5. Determine who requires transportation. She arranges it herself if convenient, or calls Pat to arrange taxis. Pat to keep a list of authorized taxi trips for billing SFU.

6. Arrange for cookies and a kettle. Veronica will bring teapots, cups and napkins.

Format for Reinterview Phone Calls

Before you make these calls, respondents will have received the letter explaining about the feedback meetings. The object of the call is to get each woman to come to the meeting or at the very least to agree to be reinterviewed.

1. **Give your own name and recall your previous conversation.** Or, if you are substituting for the previous interviewer, give her name.

2. **Mention the letter, the purpose of the meeting, and the date and place of the meeting.** Answer any questions.

   Ask if she plans to come, and whether she needs transportation. If so, tell her you will arrange it and get back to her.

3. Remind her that we also wish to reinterview each woman. The purpose of reinterviewing is to update our information and hear whether they have had any further thoughts on the subject. These interviews will be by telephone and will take about ten minutes.

   Make an appointment for reinterview according to whether her name is on the B list (before the feedback meeting) or the A one (after). If she is on the B list, you can do the interview right then if convenient.

   If she says she does not want to attend the meeting, you can do the interview at her (and your) convenience, but **right then** would probably be best.

   The objective is to have about half of those who actually attend the meeting interviewed afterwards. We will end up with three groups of reinterviews: those who did not attend the meeting, those who were reinterviewed Before attending it, and those reinterviewed After. There may also be some who say they will attend who don't, and vice versa, to complicate our lives. Our hope would be to have those three groups more or less equal in size.

   If you find you are getting many rejections from people on the After list, shuffle (face down) the slips of paper containing the names and randomly change some of the B's to A's.

July 24, 1991

WOMEN LIVING ALONE PROJECT

RESPONDENT FEEDBACK WORKSHOPS

1. **WELCOME, THANKS, INTRODUCTIONS**

2. **HOUSEKEEPING AND TIME FRAME: one hour** (taxi time?)

   - questions
   - feedback and discussion
   - refreshments at 3/4 hour

3. **PURPOSE OF REINTERVIEW:** ***to see if ideas have changed since we spoke to you***

4. **SESSION**

   A) **Purpose:**

   - gesture of thanks
   - clarification/further thoughts before publication
   - sharing, social support
   - would further info or other support be welcome

   B) **What you told us--IT'S MY TURN NOW**
   Handout--note starred items and percentages)

   - what people like/dislike about living alone
   - problems/worries
   - what helps (family and friends, keeping busy--those who have a church or seniors housing community were best off)
   - probable lack of future support
   - housing options (no living with kids; prefer to remain as is)

   Do you/do others feel that way?
   Is this about right? Have we missed anything?

   C) **Housing Options**: ***We heard a view with only two extremes***

   What about
   - something with company (Abbeyfield, seniors' housing..)
   - something with support and assistance (personal care, congregate, lifeline...)

Summary: ***What would you tell the world about older women living alone?***

What would you tell a younger woman about what to expect?

Women Living Alone--Interview Highlights

(155 interviews. Percents may not total 100 because of missing answers or rounding.)

Part I: Who we interviewed		%
Health unit:	North	15
	Southeast	24
	West/Main	25
	Burrard/Robson	32
Percent receiving homemaking assistance		82
Type of dwelling:	apartment	77
	house	23
Age mix of apartments:	regular	43
	seniors	33
Marital status:	never-married	13
	separated/divorced/married	14
	widowed	73
* Age:	average	80yrs
	range	70-96
Have children living nearby		72
Own home		28
Rent home		72
Average time in present home		17yrs
Average time living alone		19yrs
Part 2: Their thoughts about living alone		
Why now living alone?		
choice		8
children left home		8
death of other		41
* Like most about living alone		
privacy		19
independence		28
can do what I want when I want		47
specific example of above		25
come and go as I please		10
no obligations to others		16
* Dislike most about living alone		
nothing		36
lonely sometimes		26
no help if health fails		9

Definition of privacy	
can do what I want when I want	39
specific things I can do	25
nobody bosses you	9
being alone (positive)	14
Definition of independence	
same as privacy	21
can do what I want when I want	26
being capable of doing things	14
enough money to do what I want	14
looking after yourself	32
being your own boss	13
Why privacy/independence important	
depends on individual, don't know	11
long term lifestyle, set in ways	14
reward for lifetime's work	16
can run your own life	10
other (pride, self-reliance)	19
* Problems or worries living alone	
none	49
problems resulting from health	22
worries related to health	37
problems with repairs, yardwork, lifting	13
worries about safety, intruders	11
* Methods of coping with problems	
no special method	23
good security	8
checkup system	10
keep busy	29
contact with fam/friends	23
particular help received	11
* How satisfied with living alone	
very satisfied	75
somewhat satisfied	20
somewhat dissatisfied	3
very dissatisfied	2
Ideal living arrangement:	
continue to live alone	83
prefer another arrangement	16

Part 3: The supports they have	
* Satisfaction about family visits:	
often enough	49
not often enough	40
* Satisfaction about friends visits	
often enough	76
not often enough	18
* Opportunities to share feelings	
enough	83
not enough	14
Formal checkup arrangements with	
relative/neighbor	43
no one	38
Could rely on neighbors in emergency	73
* Assistance available at present	
enough	85
not enough	15
* Assistance available in future	
enough	53
not enough	37

Part 4: Their housing options	
Might enjoy about sharing	
nothing/don't know	48
having company	49
Option of living with your children	
out of the question	42
can do if necessary	16
can do anytime I want	16
Why do you say that?	
can but don't want to	25
children have their own lives	10
problems with children's situation (e.g. location)	14
* Opinions about seniors' housing	
general positive	30
would like it with optional meals	27
not for me	26
* Opinions about Abbeyfield (private room in shared house)	
positive	45
okay if...	9
negative	28

APPENDIX 3

QUESTIONNAIRES

1. Screening Questionnaire
2. Main Questionnaire
3. Reinterview Questionnaire (Interview 2)
4. Family Member Questionnaire
5. Problems Questionnaire
6. Researcher Questionnaire

No. ____________________

THE CHOICE OF ELDERLY WOMEN TO LIVE ALONE

SCREENING QUESTIONNAIRE

Name: ____________________

Address: ____________________

Phone No: ____________________

Date: ____________________

Interviewer: ____________________

Zone:
_____ (4) North
_____ (3) Southeast
_____ (2) West/Main
_____ (1) Burrard

Source:
_____ (2) LTC
_____ (1) Match

1. First, I would like to confirm that you live alone. That is, you don't share kitchen, bathroom or any other living space with anyone.

   _____ (2) yes
   _____ (1) no

2. Do you regularly have guests who stay three months or more?

   _____ (2) yes
   _____ (1) no

2a. (If yes:) About how often do those guests come? __________

   (If every year or more often, finish the screening questionnaire but do not arrange an interview.)

3. We are looking for women who are 70 years of age or over. Do you fit into that group?

   _____ (2) yes
   _____ (1) no

   (If no, finish the screening questionnaire but do not arrange an interview.)

4. How long has it been since you shared a house or apartment with anyone else?

   _____ (3) always lived alone (i.e. all or most of adult life)
   _____ (2) five years or more
   _____ (1) less than five years

5. I would like to confirm that you do (or: Do you) receive homemaking assistance from Long Term Care.

   _____ (2) yes
   _____ (1) no

6. Do you receive any regular nursing assistance from Long Term Care or from any other source?

______ (2) yes
______ (1) no

(*If yes:*) Can you tell me a bit about that assistance?

____

(Here you will have to make a judgement about whether to arrange an interview. If the assistance is minor and/or temporary, such as from a fall, brief illness, or an ongoing but not debilitating condition, DO interview. If it appears to be serious and permanent, do not.

7. Do you live in a house or an apartment building?

______ (2) house
______ (1) apartment building

7a. (*If an apartment building:*) Is it a seniors' housing development or a regular building?

______ (2) seniors' housing
______ (1) regular building

8. Do you own or rent your dwelling?

______ (2) own
______ (1) rent

Thank you very much.

(If the person does NOT qualify for the study, tell her which requirement she does not meet, e.g. by saying, "I'm sorry but we're looking for people aged 70 and over", and thank her for her time.)

Reason for non-interview: ______________________________________

I will be your interviewer. My name again is ___________. Would it be convenient for you to be interviewed ______(suggest date and time)______. I will call you before I come to be sure this is still all right.

OR

___________. Will be your interviewer. She will call you in the next few days to arrange a time for the interview.

THE CHOICE OF OLDER WOMEN TO LIVE ALONE

Number: ____________________

Date: ______/______/________
day / month / year

Interviewer: ________________

Zone:
_____ (4) North
_____ (3) Southeast
_____ (2) West/Main
_____ (1) Burrard

Source:
_____ (2) LTC
_____ (1) Match

Instructions to Interviewer:

First, give the explanation and have the consent form signed.

* *Read all introductory material and questions to the respondent.*

* *Read response options if indicated by a colon. If not indicated, check the response which matches the answer given. If you are not sure which is the correct option, check with the respondent.*

* *Where lines are left, get the response in the respondent's own words. If you are not sure what you have written is accurate, check with the respondent.*

* *Wait quietly for the answers, and repeat the question or the response options whenever necessary.*

* *All instructions to interviewers are in italics. Disregard the numbers in brackets.*

* *Be sure to interview the applicant alone.*

* *If the respondent doesn't answer a question, write "refused" and, if she gives an explanation, write it down.*

* *Write in the margins any notes or quotes you think are necessary to properly understand the respondent's answer.*

* *if you terminate the interview, record the reason on the final page.*

At the end, ask the respondent if she can suggest someone else, who doesn't receive Long Term Care, who might be willing to be interviewed as well.

Also ask if you may interview a close family member. Stress that we are *not* checking up on her answers, but that we just want the perspective of another generation on the same questions.

PART I: INTRODUCTORY INFORMATION

Thank you very much for agreeing to be part of this study.

The interview will take about an hour and a quarter. There will be several kinds of questions. Some will be very quick and I will just check off your choice from the list on the form. Others will require a bit of thought and I will write down exactly what you say. In others, I will slowly read the options and you can tell me which to mark down.

If for any reason you want to stop the interview, you can do that at any time.

We are interviewing more than 200 women, so if you find that the questions don't all apply to you, or that they seem to repeat themselves, please bear with us.

1. First I'd like to confirm once more that you live alone. That is, no one else has a regular residence here, even part time, and you don't share a kitchen, bathroom or any other living space with anyone.

   (*"Part-time" means less than three months per year. Common entranceway is not considered "sharing" if there is a separate door to the suite.*)

   _____ (3) yes, live alone all the time
   _____ (2) someone else stays with me less than three months a year. (*Please explain who the person is and what are the circumstances*).

   ____

   ____

   _____ (1) no, someone else lives here most of the time.

   (*If the answer is no, thank the respondent and terminate the interview.*)

2. I'd like to check your age again and your marital status. How old were you on your last birthday?

   _____ years.

   (*If less than 70 years, record age and terminate the interview.*)

3. Are you presently:

____ (4) married (*note reason for living alone*) ____________________

____ (3) widowed,
____ (2) separated or divorced, or
____ (1) never-married?

(*If never-married skip to 6.*)

3a (*For those who have been married*)

How long have you been (*a widow, separated, etc......*)?

________ years.

3b How long were you (*have you been*) married?

______ years (*total of all marriages*)

4. Do you have any children or stepchildren living, and if so, how many sons and daughters?

______ (1) yes ______ sons ______ daughters
______ (2) no

5. Do you have grandchildren or great grandchildren and if so, how many?

______ (1) yes ______ grandchildren
______ great-grandchildren
______ (2) no

6. Do you have any family members living in the Lower Mainland? (*Go through the list. How many in each category? Skip children and grandchildren if they have none.*)

______ daughters ______ sons ______ grandchildren
______ greatgrandchildren
______ brothers ______ sisters

______ daughters-in-law ______ sons-in-law

______ parents or parents-in-law

______ other relatives (specify) ____________________

[Total: __________]

I need a little information now about your home.

7. This is a ....(*confirm type of building*)

______ (6) single family house (one living unit)
______ (5) duplex or multiplex (more than one unit in single family house)
______ (4) townhouse (in a townhouse complex)
______ (3) low-rise apartment (4 storeys or less)
______ (2) high rise apartment (5 storeys or more)
______ (1) other (explain) ________________________________

8. You live in ....(*confirm type of apartment*).

______ (4) entire house
______ (3) basement apartment in house
______ (2) other apartment in house
______ (1) apartment on __________ th floor.

9. Do you:

______ (3) own or
______ (2) rent this dwelling, or,
______ (1) is it a co-op?

10. How many years have you lived here? (*If less than 1 year, write 1.)*

______ years.

11. Would you say the building (*for those in single family dwellings say "neighborhood"*) you live in is occupied by:

______ (3) all older people (55 or older)
______ (2) a moderate number of older people
______ (1) very few older people

Now we'll start to talk about living alone.

(Alter questions for never-married women by leaving out parts in square brackets [ ])

12. How long have you been living by yourself? That is, at this period in your life?

______ years

13. *Aside from your husband and/or your children before they grew up*] I'd like to ask if you ever in your adult life shared housing with other people, for a period of six months or more.

I'll mention some categories of people you might have shared with at some time. Please tell me if you shared with any of them: (*Mention each category and check those for which respondent says yes.*)

______ (9) Your parents or parents in law?
______ (8) Your brothers or sisters?
______ (7) Other relatives? (specify)__________________
______ (6) One or more friends?
______ (5) Did you take in a boarder or lodger?
______ (4) Were you a boarder or lodger?
______ (3) Did you live with your own children as adults?
______ (2) Was there some other person, and if so, what was their relationship to you?
(specify)__________________________
______ (1) Or have you never shared accommodation with anyone?

(*If she has never shared, go to Part II, page 6.*)

14. At which times in your life did you share accommodation? Was it (*check any which apply*):

______ (3) in your younger years, that is, before age 30?
______ (2) during your middle years?
______ (1) more recently?

15. Would you say that sharing accommodation is something you:

______ (4) usually enjoyed a great deal,
______ (3) felt neutral about,
______ (2) usually did not enjoy, or that
______ (1) it varied according to the circumstances?

Could you tell me a little about why you say that?

____

____

____

16. *(If respondent was married or shared accommodation at some time....)* The **last time** you lived with one or more other people, whom were you living with?

______ (10) husband
______ (9) child or children
______ (8) brother or sister
______ (7) other relative (specify) ______________________
______ (6) friend
______ (5) homesharer (shared space and expenses)
______ (4) boarder (you provided meals).
______ (3) parent
______ (2) parent-in-law
______ (1) other (specify, e.g. grandchildren, was a boarder, lived in residential facility)

____

17. What happened so that you are now living by yourself?

______ (7) death of other resident
______ (6) children leaving home
______ (5) natural or planned separation (e.g. boarder moves out)
______ (4) separation because of conflict (e.g. divorce, discord among sharers)
______ (3) active choice to move for some reason that had living by self as a consequence (e.g. to be near friends or family)
______ (2) active choice to live by myself (e.g. after living with children or friends)
______ (1) other (specify)

____

PART II: THOUGHTS AND FEELINGS ABOUT LIVING ALONE

I'd like to talk a bit now about your thoughts and feelings about living alone.

18. What things do you like most about living alone as you are now doing? *(Prompt for two)*

(1) ______________________________

____

(2) ______________________________

____

19. What things do you dislike most about living alone? (*Prompt for two)*

(1) ______________________________

____

(2) ______________________________

____

20. Many women say that they prefer to live alone because it safeguards their privacy and independence. We are trying to understand more clearly what they mean and why privacy and independence are so important to them.

Can you give me your personal definition of *privacy*? (*Prompt*: What does having privacy mean to you? *Prompt also for as specific a response as you can get:* Is there anything else?)

____

____

____

21. What is your personal definition of *independence*? (*Same prompts*)

____

____

____

22. Why do <u>you</u> think privacy and independence seem to be so important to many older women?

____

____

____

23. Do you find any particular problems with living alone? (*Prompt:* Is there anything else?)

    1) ______________________________

    2) ______________________________

24. Is there anything you worry about, or fear might happen because you live alone?

    1) ______________________________

    2) ______________________________

25. Are there any practical ways or methods you use to help cope with the problems of living alone? If so, what are some of them?

    1) ______________________________

    2) ______________________________

26. Overall, how satisfied would you say you are with living alone? Are you:

    ______ (4) very satisfied
    ______ (3) somewhat satisfied
    ______ (2) somewhat **dis**satisfied, or
    ______ (1) very dissatisfied?

    Why do you say that?

    ____

    ____

27. <u>At this time of your life</u>, if you could have your ideal living arrangement, would you:

    ______ (2) continue to live alone, or
    ______ (1) prefer some other living arrangement (specify)

    ____

    (Be sure she is speaking of the present, not the future, and of her living arrangement, not a type of housing.)

PART III: THE WOMAN AND HER SUPPORT SYSTEMS

In this next part, I need to ask about your daily life, your family and friends and other supports.

28. Would you say you see your family:

_____ (3) too often?
_____ (2) about as often as you wish, or
_____ (1) not often enough,

29. About how often do you see one or more family members?

_____ (8) daily
_____ (7) several times a week
_____ (6) several times a month
_____ (5) monthly
_____ (4) several times a year
_____ (3) yearly
_____ (2) less often than once a year
_____ (1) never

30. Would you say you see your friends:

_____ (3) too often,
_____ (2) about as often as you wish
_____ (1) not often enough, or
_____ (0) that you really don't have any friends?

31. About how often do you visit with some friend or friends?

_____ (6) daily
_____ (5) several times a week
_____ (4) several times a month
_____ (3) monthly
_____ (2) several times a year
_____ (1) once a year or less, or
_____ (0) never

32. Most days, about how many times would you talk to family members or friends on the telephone: (*prompt: on an average, on a typical day*)

______ (3) three times or more
______ (2) once or twice
______ (1) not at all

33. As far as <u>opportunities to share confidences and feelings</u> are concerned, would you say you have:

_____ (3) too many?
_____ (2) about as many as you wish, or
_____ (1) not enough

34. About how many people, family or friends, would you say you feel really close to, that is, close enough to share confidences and feelings with them:

_____ (3) 5 or more?
_____ (2) 1 to 4, or
_____ (1) none

35. About how many of your neighbors do you know well enough to borrow or lend a cup of sugar or a tool, pick up items for each other at the store, take in papers when you are away, or exchange other small services?

_____ (3) 5 or more
_____ (2) 1 - 4
_____ (1) none

36. If you need day-to-day assistance, such as a ride somewhere, a household repair, or help moving furniture, who are you <u>most likely</u> to call on? (*Check all responses*)

______ (7) child or children
______ (6) other relative(s)
______ (5) friend(s) who are not neighbors
______ (4) neighbors
______ (3) a community group or agency
(specify) ______________________
______ (2) building manager or caretaker
______ (1) other (specify) ______________________

37. If you were sick for a few days, and really couldn't take care of yourself, who would you be <u>most likely</u> to rely on?

_____ (8) child or children
_____ (7) other relative (specify: ____________________)
_____ (6) friend(s) who are not neighbors
_____ (5) neighbors
_____ (4) a community group or agency
(specify) ________________________
_____ (3) a combination of these
_____ (2) no one/don't know
_____ (1) other (specify) ________________________

38. Do you have formal arrangements with anyone to check that you are all right? If so, with whom?

_____ (6) community group or agency
(specify) ________________________
_____ (5) a family member
_____ (4) a neighbor
_____ (3) have alarm system
_____ (2) other (specify) ________________________
_____ (1) no arrangement

39. In a real emergency, do you think you could rely on your neighbors for help?

_____ (3) yes
_____ (2) not sure
_____ (1) no

40. Do you think your present housing arrangement: (*describe it, e.g., living in a single family house, living in an apartment with all ages, living in seniors' housing, living in a co-operative....*) makes it:

_____ (3) easier to live by yourself
_____ (2) harder to live by yourself, or
_____ (1) that it makes no difference

Can you tell me a bit more about why you say that:

____

____

____

41. I am going to mention several services which some older people receive. Please tell me if you regularly receive this service and if so, who provides it. Is it someone you pay, your family and friends without being paid, or a community or government agency?

Service	Not Rec'd	Service Received From...		
		People You Pay	Family & Friends (unpaid)	Gov't or Community Agency
Yardwork, repairs				
Grocery shopping				
Preparing meals				
Hot meals delivered				
Help managing money				
Housecleaning				
Help with bath				
In home nursing				

42. With regard to assistance being available when you need it, would you say you have:

_____ (3) too much
_____ (2) as much as you need, or
_____ (1) too little

43. As you get older, do you expect the assistance you have available will be:

_____ (3) too much
_____ (2) as much as you need, or
_____ (1) too little

44. I'd like to ask if you have enough opportunities for activity to satisfy you. Would you say that you have:

_____ (4) definitely too much
_____ (3) almost too much
_____ (2) as much as you need
_____ (1) too little

45. Do you presently do any paid or volunteer work? If so, about how many hours per month?

_____ (4) do paid work about ________ hours per month.
_____ (3) no paid work
_____ (2) do volunteer work about ________ hours per month
_____ (1) no volunteer work

46. Do you regularly attend meetings of any of the following types of formal or informal groups: *(Check if yes)*

_____ (8) a church or other religious organization
_____ (7) a social or recreational group (e.g. a lunch group, bridge club, theatre or concert group)
_____ (6) sports or fitness group (as a participant)
_____ (5) educational group (e.g. discussion group or a formal class)
_____ (4) arts or crafts group
_____ (3) service group (e.g. Lionelles, Legion, IODE)
_____ (2) community or political group (e.g. local planning group, advisory committee, political party)
_____ (1) other (specify) ____________________

46a (*For people who live in apartments only*) Which, if any, of these activities takse place right in your housing complex?

____

PART IV: THE CHOICE TO LIVE ALONE

This section looks at your decisions or choices about living alone.

47. To what extent would you say you are choosing to live alone right now? Would you say it is:

_____ (4) a definite choice
_____ (3) something that you do because none of alternatives is acceptable to you,
_____ (2) something that just happened that you can't be bothered to change, or
_____ (1) that you have little or no choice in the matter?
(Second part overleaf.)

Could you tell me something about why you say that?

____

____

____

48. What do you think you would do if circumstances changed and you were no longer able to completely take care of yourself?

____

____

____

49. (*If respondent has children or has named specific close people mention those. Otherwise substitute "your friends" below*)

How do your children (*does your son/daughter, your niece, your friends...*) feel about you living alone? Would you say they:

_____ (3) think you are fine on your own
_____ (2) think you should move but are leaving it up to you
_____ (1) are actively trying to persuade you to change your living situation

50. Within the last year, have you, either casually or seriously, considered ceasing to live alone?

_____ (3) yes, seriously
_____ (2) yes, but only casually
_____ (1) no (*If no, go to part 50d*)

50a (*If yes*) What specific alternatives have you considered? (*Check item closest to the answer given.)*

______(11) Moving in with a friend
______(10) Living with one of my children in *their* residence.
______ (9) Having one or more of my children live in *my* residence.
______ (8) Living with a brother or sister (or other relative of the same generation).
______ (7) Living with a relative of the next (children's) generation.
______ (6) Homesharing (private arrangement to share home and expenses)
______ (5) Taking in a boarder.
______ (4) Building, or occupying, a second suite in a house.
______ (3) Abbeyfield or shared group home (private room but share common spaces, housekeeping provided)
______ (2) Living in a place which has private apartments but has a common dining room
______ (1) Other (specify) ______________________________

50b Can you tell me what made you think about beginning to share with someone? (*Prompt:* Was there a specific event?)

____
____
____

50c At the moment, do you consider the alternative(s) you mentioned (*repeat it)*:

______ (3) a serious possibility
______ (2) a casual idea, or
______ (1) not a possibility at all?

GO TO # 51

50d Can you tell me why you have not recently considered living with anyone else?

____
____
____

51. What do you think might be *difficult* for you about sharing housing at this time in your life? (*Prompt for two)*

(1) ____

(2) ____

52. What do you think you might *enjoy* if you were to share housing with someone at this time in your life?

(1) ____

(2) ____

53. (*If no children go to question 54*)

To what extent do you feel that living with one of your children is a real option for you? Would you say it is:

_____ (3) something you can do anytime.
_____ (2) something you can do if necessary, or
_____ (1) completely out of the question

Why do you say that?

____

____

____

54. Besides actually sharing, there are some ohter kinds of housing in which healthy older people have their own private suites but also have compativel people nearby.

One of these is regular seniors' housing, sometimes with a common dining room for times when people don't wish to cook; another is the idea of having several private suites in the same large house, or an in-law suite in a family home.

What do you think of this type of housing option?

____

____

____

55. Another type of housing for healthy older people, which is very common in England, is called Abbeyfield.

In an Abbeyfield house, a person has her own private room and bath, but other living areas are shared. A housekeeper is provided, but the decisions within the house are made by the people who live there.

What do you think of this particular idea?

____

____

____

56. At the moment, government planners are also trying to develop housing choices for older people who are quite <u>frail</u>, or may be <u>isolated</u>, but do not need services in a care facility.

Can you tell me what kind of housing or living arrangement you think would be helpful for people like that? (*Prompt: what do you think would be important for government planners to keep in mind about housing for frail people?*)

____

____

____

57. Now I am going to mention several statements which reflect the thoughts and feelings of some of the older women we have talked to. (*Show card # 1*)

For each statement, please tell me whether you strongly agree, agree to some extent, don't have any strong feeling or don't really know how you feel, disagree somewhat, or disagree strongly.

We will go quickly through this set because your *first* response is all that is needed.

Here are the statements:

(*Do this section fairly quickly, not giving a lot of time for reflection or changing responses. Skip items starred if not applicable, and write N/A.*)

	DISAGREE STRONGLY	DISAGREE SOMEWHAT	NEUTRAL DON'T KNOW	AGREE SOMEWHAT	AGREE STRONGLY
Most people like me don't have much choice about living by themselves.					
Older people should live on their own until they simply can't manage it any more.					
I like my privacy so much I would hesitate to share even with someone very close to me.					
I would prefer to live with my [children or other] relatives if it were possible.					
I'm just not used to making big decisions by myself.					
Older people have earned the right to be taken care of in later years by their family.					
I worry about eventually having to go to an institution.					
* A person's children are apt to be so different in their values and interests that it would be hard to share day-to-day life in the same household with them.					
I'm going to stay where I am till they carry me out.					
The government should provide old people with whatever they need to remain living by themselves.					
My main reason for living alone is to preserve my privacy and independence.					
I don't think about the future much. It will take care of itself.					
I find I don't want to adjust to anyone else's habits.					

	DISAGREE STRONGLY	DISAGREE SOMEWHAT	NEUTRAL DON'T KNOW	AGREE-SOMEWHAT	AGREE STRONGLY
For the time I have left, moving just doesn't seem worth the effort.					
* A person gets along much better with her children if they live separately.					
I think the supports I have right now will carry me a long way into the future.					
I would like to make a change in my living arrangements but I don't know where to start.					
If you live by yourself, you keep control of your everyday life.					
* If a person lives with her children people are apt to think there's something wrong with her.					
In the past, older women would have lived by themselves if they could have afforded it.					
I worry that the time will come when someone else will take control of my life.					
I would be interested in sharing if I could find the right person.					
For an older woman, there just don't seem to be many alternatives to living alone.					
The disadvantages of living alone are a small price to pay for the freedom to do *what* I *when* I want.					
* If I lived with my children I would be afraid of becoming a burden.					

	DISAGREE STRONGLY	DISAGREE SOMEWHAT	NEUTRAL DON'T KNOW	AGREE SOMEWHAT	AGREE STRONGLY
If you share accommodation with someone you might be taken advantage of.					
At this time in my life I find solitude is very important to me.					

58. Please indicate how life in general seems to you these days by answering "yes" or "no" to each of the following items. **[PLEASE DO NOT SKIP ANY ITEMS.]**

<u>In the past few weeks, did you ever feel...</u>

a) pleased about having accomplished something?

____ (2) yes
____ (1) no

b) so restless you couldn't sit long in a chair?

____ (2) yes
____ (1) no

c) bored?

____ (2) yes
____ (1) no

d) that things were going your way?

____ (2) yes
____ (1) no

e) depressed or very unhappy?

____ (2) yes
____ (1) no

f) proud because someone complimented you on something you had done?

____ (2) yes
____ (1) no

g) particularly excited or interested in something?

____ (2) yes
____ (1) no

h) very lonely or remote from other people?

____ (2) yes
____ (1) no

i) upset because someone criticized you?

____ (2) yes
____ (1) no

j) on top of the world?

____ (2) yes
____ (1) no

59. Taken all together, how would you say things are these days--would you say that you are

____ (3) very happy
____ (2) pretty happy, or
____ (1) not too happy?

60. In getting the things you want out of life, would you say that you are doing

____ (3) very well
____ (2) pretty well, or
____ (1) not too well?

PART V: DEMOGRAPHIC INFORMATION

In this last section of the interview, I'm going to ask a few more questions about you personally. The purpose of this information is to help us describe the group of people who took part in the study. Information about you as an individual will never be mentioned.

61. In what country were you born?

____ (2) Canada
____ (1) elsewhere (specify) ____________________

61a In what countries were your parents born?

_____ (2) Canada
_____ (1) elsewhere (specify) ____________________

62. Do you regularly speak one or more languages other than English? If so, which languages?

_____ (2) no
_____ (1) yes (specify) ____________________

63. What was the highest level of formal education you completed?

_____ (9) graduate degree
_____ (8) bachelor's degree
_____ (7) some college or university
_____ (6) professional training (e.g. teaching, bookkeeping)
_____ (5) trades, technical or artistic training
_____ (4) high school graduation
_____ (3) some high school
_____ (2) elementary school only
_____ (1) no formal education

64. What kind of work have you done most of your adult life? **[CHECK ONLY ONE]**

_____ (11) housewife (little paid work)
_____ (10) professional (e.g. architect, teacher, registered nurse, librarian)
_____ (9) managerial
_____ (8) clerical (e.g. secretary, receptionist, personnel assistant, bank teller)
_____ (7) sales (e.g. cashier, insurance salesperson, grain merchant, real estate agent)
_____ (6) service-personal (e.g. waitress, barber, nanny, housekeeper, practical nurse, caterer)
_____ (5) service-protective (e.g. police, armed forces, fire-fighter, customs officer)
_____ (4) skilled (white collar) (e.g. map drawer, library assistant, photographer, claims adjuster, bookkeeper)
_____ (3) skilled (blue collar) (e.g. seamstress, cook, carpenter, mechanic)
_____ (2) semi- or unskilled (e.g. janitor, maid, general laborer, letter carrier, gas station attendant)
_____ (1) primary sector (e.g. farming, fishing, logging)

65. At the present time, would you rate your health as:

_____ (4) excellent
_____ (3) good
_____ (2) fair
_____ (1) poor

66. Do you have any disability which prevents you from walking more than two or three blocks?

_____ (2) yes
_____ (1) no

67. Do you do some exercise or sports activity:

______ (3) regularly
______ (2) occasionally, or
______ (1) seldom?

68. Most days, after you do your basic chores, about how much energy do you have? Would you say you have

______ (3) lots of energy left,
______ (2) a moderate amount of energy left, or
______ (1) not much energy left?

69. Do you receive income from any of the following sources: **[CHECK ALL SOURCES OF INCOME]**

(Note: OAS and GIS come together in one cheque. The OAS by itself is $351. If the cheque she receives is more than $351, the respondent also receives the GIS. A Canada Pension Plan cheque comes separately from OAS/GIS.

Use this information if the respondent asks for help in answering the question, but otherwise accept her statement as presented.)

______ (8) Old Age Security Pension
______ (7) Federal Guaranteed Income Supplement
______ (6) Canada or Quebec Pension Plan
______ (5) Other government sources (e.g. provincial supplements, Veteran's Pension, Spouse's or Widowed Allowance)
______ (4) Retirement pensions, superannuation or annuities
______ (3) Wages, salaries, self employment income
______ (2) Savings or investments
______ (1) Other (specify) __________________________

70. Into which of the categories on this card (*give card # 2*) does your monthly income fall?

_____ (5) $2,500 or more
_____ (4) $1,500 - $2,499
_____ (3) $1,200 - $1,499
_____ (2) $ 900 - $1,199
_____ (1) less than $ 900

71. I need to ask how much you pay each month, altogether, for shelter costs. Let's start with your basic monthly payment. How much, if anything, do you pay for the following:

(***Ask two questions here: one about basic costs and one about hydro***)

For owners:

Maintenance costs, mortgage payments, (if any) and taxes: (1) ____________________

For renters or co-op members:

rent or housing charge (2) ____________________

For everyone:

hydro (3) ____________________

[TOTAL] (4) ____________________

72. What proportion of your total income last year do you estimate was spent for all your housing costs, as mentioned above?

_____ (4) more than 75%
_____ (3) 50 - 75%
_____ (2) 25 - 49%
_____ (1) less than 25%

73. After you pay your shelter costs, how much money do you have left for your other expenses? Would you say you have:

_____ (3) more than enough to be comfortable
_____ (2) just enough to be comfortable,
_____ (1) not enough?

74. And, finally, how interested would you be in attending an information program for women such as yourself about housing alternatives? Would you be:

_____ (3) very interested,
_____ (2) somewhat interested, or
_____ (1) not at all interested?

Thank you very much for your help with this project.

POST-INTERVIEW REQUESTS

1. A close relative, preferably someone mentioned during the interview, who would be willing to answer questions in a telephone interview.

   "We are not trying to check up on what you said, and nothing you said will be repeated. We would simply like to have the perspective of another generation on this question. Family members and close friends are involved because they do care, but they are not the ones who can actually make decisions. This is sometimes a difficult position to be in, and we would like to understand how they feel, and what ideas they have about housing for older people."

2. A friend or neighbor, somewhat like herself but not receiving any Long Term Care, who might agree to be interviewed.

INTERVIEWER COMMENTS

Respondent's attitude: (Was respondent co-operative, attentive, bored, impatient, likely to co-operate in future phase, etc....?)

Additional Observations: Anything you noticed about the respondent's living situation and responses which may help us to interpret her answers accurately.

If the interview was terminated, give reason.

No. ____________________

Informed Consent to Participate
WOMEN LIVING ALONE RESEARCH PROJECT

The women working on this research, together with the Vancouver Health Department and Simon Fraser University, believe in preserving the rights of participants to know and consent to all aspects of the project they are taking part in. Especially, they believe that participants have a right to be sure that the information they give the interviewer will be kept private.

We are asking you to sign this form to show that you have been informed of the purpose and activities of this project, and that you know that you may stop participating at any time.

Having been asked by ______________________ of the Women Living Alone Research Project to participate in this survey, I have read the procedures set out on the page attached titled: The Women Living Alone Research Project.

I understand that I will be asked a series of questions about my living arrangements, that I will be asked to agree to be reinterviewed, and that I will be asked, on a completely optional basis, to agree to a family member being contacted for a brief interview.

I understand that I may stop participating at any time.

I also understand that I may take any complaint I have to Sharon Martin, with the Burrard Unit of the Vancouver Health Department.

I agree to be interviewed on the matters described in the document The Women Living Alone Research Project referred to above.

NAME____

ADDRESS_______________________________________

____

SIGNATURE____________________ **WITNESS**______________

DATE________________________

THE WOMEN LIVING ALONE RESEARCH PROJECT

In this survey we are gathering the opinions of older women who live by themselves. We would like to hear from older women themselves why they live alone, whether they feel they have any choice in the matter, and what it is like for them. Since more and more women will probably be living alone in the future, it is important to know more about the opinions and experience of those who are already doing so.

If you agree to speak with one of our trained interviewers, all the information you give will be kept strictly confidential. Your name will not be on the survey form she fills out, and the consent form you sign will be kept separate. The information we gather will be turned into statistics about all those who answered it as a group. For instance, the report will say "___% of the women who were interviewed had children living in Vancouver."

The interview will take about an hour. You are free to stop the interview at any time, although it will help a great deal if you answer all the questions.

You will be asked to agree to be reinterviewed in about six months, and you will be offered the opportunity to participate in an information program (such as a talk or workshop) on housing for seniors. You will also be asked, on a completely optional basis, to give the name of a family member who might agree to a brief interview.

We are very grateful for your help in this matter.

THE CHOICE OF OLDER WOMEN TO LIVE ALONE -- Interview 2

Number: ______________________

Date: ______/_______/_________
day / month / year

Date of Original Interview: ______/_______/_________
day / month / year

Interviewer: __________________

Has respondent attended a feedback meeting?

_____ (2) yes
_____ (1) no

Instructions to Interviewer:

<u>First, give the explanation.</u>

* ***Read all introductory material and questions to the respondent.***
* ***Read response options if indicated by a colon. If <u>not</u> indicated, check the response which matches the answer given. If you are not sure which is the correct option, check with her.***
* ***Where lines are left, get the response in the respondent's own words. If you are not sure what you have written is accurate, check with her.***
* ***Wait quietly for the answers, and repeat the question or the response options whenever necessary.***
* ***All instructions to interviewers are in italics. Disregard the numbers in brackets.***
* ***If the respondent doesn't answer a question, write "refused".***
* ***Write in the margins any notes or quotes you think are necessary to properly understand the respondent's answer.***
* ***If you terminate the interview, record the reason on the final page.***

PART I: CHANGES SINCE LAST INTERVIEW

We last talked about _____ months ago. The first part of this second interview concerns any changes which may have occurred in your life since then.

1. Do you still live in the same place?

_____ (2) yes
_____ (1) no

1a. (If no) What change in housing have you made?

____

____

2. Do you still live by yourself?

_____ (2) yes
_____ (1) no

2a. (If no) What is your present situation?

____

____

3. First, at the moment, would you say your health is:

_____ (4) excellent
_____ (3) good
_____ (2) fair
_____ (1) poor?

4. Since our first interview, would you say your *health* has:

_____ (3) remained about the same
_____ (2) changed for the better, or
_____ (1) changed for the worse?

5. In that time, would you say your *income* has:

_____ (3) remained about the same
_____ (2) changed for the better, or
_____ (1) changed for the worse?

6. Would you say your *feelings or state of mind* have:

______ (3) remained about the same
______ (2) changed for the better, or
______ (1) changed for the worse?

7. Have there been any other changes in your life of particular note since our last interview?

____

____

PART II: CHANGES IN THINKING ABOUT LIVING ALONE AND HOUSING OPTIONS

The purpose of our research project has been to hear older women's thoughts about living alone. At this point, we are interested in whether any of your ideas on this subject have changed at all since the previous interview. For this reason, you may find I am repeating questions you've been asked before, but please bear with me. It won't take long.

8. What do you like **most** about living alone? (*Check the response which best fits the answer given. If you are not sure, check with your interviewee.)*

______ (6) privacy
______ (5) independence, freedom
______ (4) can do what I want when I want
______ (3) specific example of above (come and go as I please, can walk around nude, get up at noon...)
______ (2) no obligations to others (no one to take care of...)
______ (1) other (specify...)

____

____

9. What do you like **least** about living alone?

_____ (4) nothing
_____ (3) lonely sometimes
_____ (2) no help if health fails (worry about falling, etc...)
_____ (1) other (specify...)

____

____

10. Overall, how satisfied would you say you are with living alone? Are you:

_____ (4) very satisfied
_____ (3) somewhat satisfied
_____ (2) somewhat **dis**satisfied, or
_____ (1) very dissatisfied?

11. At this time of your life, if you could have your ideal living arrangement, would you:

_____ (2) continue to live alone, or
_____ (1) prefer some other living arrangement (specify)

____

(Be sure she is speaking of the present, not the future, and of her living arrangement, not a type of housing.)

12. I am going to mention several things which can be a problem for people living alone. For each, please tell me if, for you, it is a problem a lot of the time, some of the time, or rarely (*if respondent says "never", check "rarely"*.

a. boredom

_____ (3) a lot of the time
_____ (2) some of the time
_____ (1) rarely

b. loneliness

_____ (3) a lot of the time
_____ (2) some of the time
_____ (1) rarely

c. temptation to eat too much

_____ (3) a lot of the time
_____ (2) some of the time
_____ (1) rarely

d. temptation to eat too little

_____ (3) a lot of the time
_____ (2) some of the time
_____ (1) rarely

e. temptation to drink too much alcohol

_____ (3) a lot of the time
_____ (2) some of the time
_____ (1) rarely

f. feeling useless

_____ (3) a lot of the time
_____ (2) some of the time
_____ (1) rarely

g. watching too much television

_____ (3) a lot of the time
_____ (2) some of the time
_____ (1) rarely

h. sleeping too much

_____ (3) a lot of the time
_____ (2) some of the time
_____ (1) rarely

i. having trouble sleeping

_____ (3) a lot of the time
_____ (2) some of the time
_____ (1) rarely

j. feeling afraid of intruders

_____ (3) a lot of the time
_____ (2) some of the time
_____ (1) rarely

k. feeling afraid of getting sick and no one knowing

_____ (3) a lot of the time
_____ (2) some of the time
_____ (1) rarely

13. To what extent would you say you are <u>choosing</u> to live alone right now? Would you say it is:

_____ (4) a definite choice
_____ (3) something you do because none of the alternatives is acceptable to you,
_____ (2) something that just happened that you can't be bothered to change, or
_____ (1) that you have little or no choice in the matter?

14. Most of us think about the possibility that a time might come when we were still quite independent but unable to take care of ourselves completely. We are interested in what choices you see as a possibility if that happened to you.

a. Could you see yourself living with your children or other close relatives?

_____ (2) yes
_____ (1) no
_____ (0) have none

b. Assuming you could afford it, could you see yourself moving into a seniors' housing complex with independent suites and a common dining room?

_____ (2) yes
_____ (1) no

c. Assuming you could afford it, could you see yourself living in an Abbeyfield House, with private room and bath, but other living areas shared, and a housekeeper provided?

_____ (2) yes
_____ (1) no

d. Could you see yourself voluntarily going into a care facility?

_____ (2) yes
_____ (1) no

e. On the other hand, do you think your preference would be to remain by yourself with support provided from outside?

_____ (2) yes
_____ (1) no

e. What do you think you are *most likely* to actually do under the circumstances I have described (that is, you needed some care but wished to remain as independent as possible)? *(Check the answer given.)*

_____ (6) live with children or relatives
_____ (5) seniors' housing with dining room
_____ (4) Abbeyfield
_____ (3) care facility
_____ (2) remain by yourself with support provided
_____ (1) other (specify)

____

15. Have your thoughts on this general subject changed at all recently?

_____ (2) yes
_____ (1) no

(If yes) In what way have they changed?

____

____

____

16. Finally, could you give us some feedback on our research project itself?

a. Did you originally agree to participate:

_____ (3) as a favor to us
_____ (2) because you thought it would be interesting, or
_____ (1) for some other reason (specify)

____

b. Being entirely honest, would you say you:

_____ (3) enjoyed it very much
_____ (2) enjoyed it somewhat, or
_____ (1) did not really enjoy it?

c. Have you found yourself thinking about the idea of living alone or discussing it with others as a result of participating in this project?

______ (2) yes
______ (1) no

d. We have learned a great deal from doing this project, but we are interested in whether it has had the same effect for the women we have talked to. Would you say your thinking has:

______ (3) changed a great deal
______ (2) changed somewhat, or
______ (1) changed very little as a result of this project?

Thank you very much for your help in this project. We will send you a summary of our findings when it is complete.

12/90

LIVING ALONE PROJECT

FAMILY MEMBER SURVEY

Introduction (*need not be read just as written*)

My name is ___________________. I am working on a survey of elderly women sponsored by the Vancouver Health Department and Simon Fraser University. I recently interviewed your mother, ____________________________, (*insert other relationship and the woman's name where appropriate*) as part of this project. She agreed to my calling you to ask if you would participate in a short interview as well. Did ___________________________ mention this project to you? ......

The purpose of the project is to hear from elderly women who live by themselves what their thoughts are about living alone at this time of their lives. Because more and more older women are choosing to live on their own, we are interested in both what that is like for them and what is involved in the choice to live alone.

We are also interviewing some family members or close friends of the respondents as part of this project, in order to get the perspective of another generation on this general question.

The interview is just on the telephone and usually takes about twenty minutes. Of course both what your mother said and what you say would remain confidential. We won't repeat what you say to anyone.

Would you be willing to help by taking part in this survey?

(*If yes...*) Is this a convenient time to talk or should we make an appointment at another time?

(*If no, terminate and record on your contact sheet.*)

Do you have any questions?

Interview

The interview is based on a standard questionnaire and I will read the questions to you. For some questions I will give you a choice of answers. In others I will simply check off the right category or write down what you say.

If you find some of the questions awkward or repetitious, please bear with us. The questions are designed for a broad range of people and some of them may not apply directly to you. If you don't want to answer a question, just let me know, but the more information we have the better our understanding will be, so please answer all the questions if you can.

The first questions are about ____________________'s present situation as you see it.

1. First, your relationship with ____________________ is that you are her (pause...)

   ______ (8) child
   ______ (7) grandchild
   ______ (6) nephew or niece
   ______ (5) brother or sister
   ______ (4) other relative (specify ________________________)
   ______ (3) friend
   ______ (2) neighbor
   ______ (1) other (specify ________________________)

   (If "friend" or "neighbor" ask ....)

1a. How long have you known ________________________?

   ______ years.

2. At the present time, would you rate ____________________'s physical health as:

   _____ (4) excellent
   _____ (3) good
   _____ (2) fair
   _____ (1) poor

3. What do you think about ______________________ living on her own at the moment? Would you say that you:

_____ (3) think she is fine on her own
_____ (2) think she should move but are leaving it up to her, or are you
_____ (1) actively trying to persuade her to change her living situation?

Can you tell me a bit about why you say that?

____

____

____

4. Would you say ______________________ has:

_____ (3) a large network of family and friends,
_____ (2) a limited network, or
_____ (1) that she is quite isolated?

5. Do you think her housing situation, that is, ______________ *(specify, e.g.: living in her own house, or living in the apartment she has, or living in the seniors' housing complex where she does.....)*:

_____ (3) contributes to her social network,
_____ (2) makes no difference to her social network, or
_____ (1) helps to limit her social network.

Can you tell me a bit more about why you say that?

____

____

____

6. From your point of view, what would be the ideal living situation for ____________________ at the moment--what she has, or something else?

____

____

____

7. To what extent do you think ____________________ is choosing to live alone at the moment? Would you say it's because:

_____ (3) she actively prefers to live alone
_____ (2) it's something that just happened, or
_____ (1) she has little or no choice in the matter?

Can you tell me a bit more about why you say that?

____

____

____

***(If you are speaking with respondent's child*:)** Most older women worry about being "a burden to their children", but at the same time most adult children feel a sense of responsibility towards their mother. I would like to hear how you feel about this, although some of the questions which follow may not be directly applicable to you.

***(If you are speaking with a more distant relative or a non-relative:*)** Most older women worry about being "a burden" to others. At the same time, though, people close to them often feel a sense of responsibility about their wellbeing. I would like to hear how you feel about this, although some of the questions which follow may not be directly applicable to you.

8. Which of the following statements **best** describes your relationship with ___________________________: (*repeat the choices if necessary--skip 6 if appropriate*). If **none** of them is accurate, please make a statement of your own to describe the relationship.

_____ (6) I do what I can as a neighbor or friend, but I don't have the rights and responsibilities of family
_____ (5) I worry about her but my other obligations prevent my doing very much
_____ (4) I try to help, but she is quite protective of her privacy and independence.
_____ (3) She doesn't seem to be particularly in need of support from anyone right now.
_____ (2) I feel the relationship is one of pretty well equal sharing.
_____ (1) other: ____

____

____

9. About how often do you see ___________________________ or talk to her on the phone?

_____ (8) daily
_____ (7) several times a week
_____ (6) several times a month
_____ (5) monthly
_____ (4) several times a year
_____ (3) yearly
_____ (2) less often than once a year
_____ (1) never

10. Do you think that ___________________________ finds she sees you

_____ (3) perhaps more than she would like,
_____ (2) about as often as she wishes, or
_____ (1) not often enough?

11. For <u>you</u>, is this frequency

_____ (3) perhaps more than you would like,
_____ (2) about as often as you wish, or
_____ (1) not often enough?

12. I will mention some areas in which a person might feel responsible for an older parent, relative or friend. Please tell me whether, **at this time in both your lives**, you feel very responsible, somewhat responsible, or minimally responsible for ________________________'s wellbeing in that area.

    (***Note: This question is about how responsible the person feels, not whether she does anything about it, or what.***)

    a. How responsible do you feel for her financial wellbeing, that is, whether she has enough money to live on?

    _____ (3) very responsible
    _____ (2) somewhat responsible
    _____ (1) minimally responsible

    b. How responsible do you feel for her social wellbeing, that is, whether she is lonely or not?

    _____ (3) very responsible
    _____ (2) somewhat responsible
    _____ (1) minimally responsible

    c. How responsible do you feel for providing services, such as small repairs, shopping or transportation, which she may not be able to do for herself?

    _____ (3) very responsible
    _____ (2) somewhat responsible
    _____ (1) minimally responsible

    d. How responsible do you feel for her emotional wellbeing, that is, how happy she is?

    _____ (3) very responsible
    _____ (2) somewhat responsible
    _____ (1) minimally responsible

    e. How responsible do you feel right now for her physical wellbeing, that is, her ability to care for herself and keep healthy?

    _____ (3) very responsible
    _____ (2) somewhat responsible
    _____ (1) minimally responsible

f. How responsible do you think you would feel if circumstances changed and ______________________ could no longer take care of herself adequately?

_____ (3) very responsible
_____ (2) somewhat responsible
_____ (1) minimally responsible

13. If you feel some responsibility, do you carry that responsibility:

_____ (3) mostly by yourself, or
_____ (2) together with other family members and friends? Or
_____ (1) do you feel you have no right to be responsible for ______________________ at all?

14. Whatever degree of responsibility you feel, do you at present find it in any way a problem or burden, and if so, in what way?

____

____

____

On this topic, I would like to ask a couple of hypothetical questions.

15. First, what do you think you would do if ______________________ reached the point where, although she was not particularly ill or confused, you felt she just couldn't safely or comfortably live alone any more?

____

____

____

16. What do you think you would be most likely to do if she reached the point where you felt she was confused or not managing to take care of herself?

_____ (6) have her live with you
_____ (5) arrange support in her home
_____ (4) arrange for her to move into a care facility
_____ (3) get in touch with a family member who could make the necessary decisions
_____ (2) call in the health department or other authorities
_____ (1) other (specify) ____________________________
____

17. There are people who think they should, or would like to, have their older parent, relative or friend live with them. Can you tell me if you have ever considered this, either for the present or for the future?

_____ (2) yes
_____ (1) no

(If yes, go to 17a; if no, go to 17b)

17a What was the result of your consideration?

____

____

____

17b Can you tell me why you have never considered it?

____

____

____

18. Do you think ____________________ would like to live with you at this time?

_____ (2) yes
_____ (1) no

19. Do you think she would like to think that she could live with you if her health deteriorated in the future?

_____ (2) yes
_____ (1) no

20. What, if anything, do you feel she *needs* from you right now?

____

____

____

21. What, if anything, do you feel she *gives* to you right now?

____

____

____

Finally, I need to ask a couple of questions about your own circumstances to put the information from the interview in context.

22. Sex: (*no need to* <u>*ask*</u> *this question*)

_____ (2) male
_____ (1) female

23. How old were you on your last birthday?

________ years.

24. What is your own living situation?

_____ (6) live by yourself
_____ (5) live with spouse and dependent children
_____ (4) live with spouse and adult children
_____ (3) single parent with dependent children
_____ (2) single parent with adult children
_____ (1) share with related or unrelated adults
_____ (0) other (specify) _______________________

25. Do you currently do any paid work parttime or fulltime?

_____ (3) work fulltime
_____ (2) work parttime
_____ (1) no paid work

26. Do you currently have volunteer commitments? If so, about how many hours a month do you do volunteer work?

_____ (2) volunteer work about __________ hours per month
_____ (1) no volunteer work

27. What was the highest level of formal education you completed?

_____ (9) graduate degree
_____ (8) bachelor's degree
_____ (7) some college or university
_____ (6) professional training (e.g. teaching, bookkeeping)
_____ (5) trades, technical or artistic training
_____ (4) high school graduation
_____ (3) some high school
_____ (2) elementary school only
_____ (1) no formal education

28. What kind of work have you done most of your adult life? **[CHECK ONLY ONE]**

____ (11) housewife (little paid work)
____ (10) professional (e.g. architect, teacher, nurse, chemist)
____ (9) managerial
____ (8) clerical (e.g. secretary, receptionist, personnel assistant, bank teller)
____ (7) sales (e.g. cashier, insurance salesperson, real estate agent)
____ (6) service-personal (e.g. waitress, barber, housekeeper, nanny, caterer)
____ (5) service-protective (e.g. police, armed forces, fire-fighter, customs officer)
____ (4) skilled (white collar) (e.g. map drawer, library assistant, photographer, claims adjuster, bookkeeper)
____ (3) skilled (blue collar) (e.g. practical nurse, carpenter, seamstress, cook)
____ (2) semi or unskilled (e.g. janitor, general laborer, letter carrier, gas station attendant)
____ (1) primary sector (e.g. farming, fishing, logging)

29. At the present time, would you rate your own health as:

____ (4) excellent
____ (3) good
____ (2) fair
____ (1) poor

30. I am going to read some income categories. Please give me the number of the one into which your income falls.

____ (6) $30,000 or more
____ (5) $20,000 - $29,999
____ (4) $15,000 - $19,999
____ (3) $12,000 - $14,999
____ (2) $9,000 - $11,999
____ (1) less than $9,000

Thank you very much for your help on this questionnaire. If you care to give me your address, we will let you know the results of this study. (I will keep the address separate from the information you have just given me.)

OVER

FAMILY MEMBER INFORMATION

Interview Number: ____________________

Name: ____________________________

Address: ____________________________

____

____

Phone No. ____________________________

PROBLEMS QUESTIONNAIRE

Date:______________________________

Below is a list of things which can be a problem for people living alone. For each, please check whether, for you, it is a problem a lot of the time, some of the time, or rarely/never.

Please note that no identification of any kind is required for this question.

a. boredom

_____ (3) a lot of the time
_____ (2) some of the time
_____ (1) rarely/never

b. loneliness

_____ (3) a lot of the time
_____ (2) some of the time
_____ (1) rarely/never

c. temptation to eat too much

_____ (3) a lot of the time
_____ (2) some of the time
_____ (1) rarely/never

d. temptation to eat too little

_____ (3) a lot of the time
_____ (2) some of the time
_____ (1) rarely/never

e. temptation to drink too much alcohol

_____ (3) a lot of the time
_____ (2) some of the time
_____ (1) rarely/never

f. feeling useless

_____ (3) a lot of the time
_____ (2) some of the time
_____ (1) rarely/never

g. watching too much television

_____ (3) a lot of the time
_____ (2) some of the time
_____ (1) rarely/never

PLEASE TURN TO NEXT PAGE

h. sleeping too much

______ (3) a lot of the time
______ (2) some of the time
______ (1) rarely/never

i. having trouble sleeping

______ (3) a lot of the time
______ (2) some of the time
______ (1) rarely/never

j. feeling afraid of intruders

______ (3) a lot of the time
______ (2) some of the time
______ (1) rarely/never

k. feeling afraid of getting sick and no one knowing

______ (3) a lot of the time
______ (2) some of the time
______ (1) rarely/never

THE CHOICE OF OLDER WOMEN TO LIVE ALONE

Researcher Questionnaire

Completely confidential -- for Veronica's eyes only. Please be as honest and specific as possible.

Name:____________________________ Age:____________________________

1. What parts of the project did you participate in (circle yes/no)?

   The initial discussion? . . . . y / n
   The development of the questionnaire? . . . . y / n
   The first interviews? . . . . y / n
   The workshops and reinterviews? . . . . y / n
   Dispatching . . . . y / n
   Setting up interviews/workshops . . . . y / n
   Organization of data . . . . y / n
   Discussion of results . . . . y / n
   Video . . . . y / n
   Other (please specify)______________________________________

2. What parts of the project did you find most enjoyable, and what was it about them you enjoyed?

3. Was there any aspect of the project you particularly did *not* enjoy or which you found frustrating or upsetting? If so, which and why?

4. Is there anything in particular that you *learned* from your participation in this project -- about yourself, about others, or about the World In General? If so, what?

resqustr
November 25, 1991 3:31pm

5. What do you think should be done differently in a subsequent study?

6. If you dropped out of the project, or plan not to continue with a future phase, please tell us why.

7. Last chance for further comments: